

Minute Women Formal Grievance
THIS FORM MUST BE COMPLETELY FILLED OUT

Name of Grievant (Please Print): Job Title: Date of Hire:		Work Phone: Home Phone: <input type="checkbox"/> Send documents to external representative		
Home Mailing Address: Street or P.O. Box: City: State: Zip:		Work Mailing Address: Dept: Div/Section: Street or P.O. Box: City: State: Zip:		
Date, time and place of event leading to grievance:		Date you became aware of the event, <i>(if different)</i> :		
Detailed description of grievance including names of other persons involved, if any):				
Proposed solution to grievance:				
Grievant: File a copy of this form with your immediate supervisor and retain a copy for filing at the next step or steps (see instructions on page 2 for a description of who to file with for steps 1 through 4) if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step.				
Step	Grievance Filed With <i>(Please Print Name)</i>	Date	Grievant's Signature	Date
1				
2				
3				
4				