



Union Grievance Report Form

(For Reporting Work-Related Violations)



Section 1: Employee Information

Name:

Department/Branch:

Job Title/Classification:

Date of Hire:

Work Location:

Phone/Email:

Section 2: Grievance Details

Date of Incident:

Time:

Location:

Supervisor Involved:

Describe what happened:

Section 3: Contract or Policy Violation

Violation of the Collective Bargaining Agreement (CBA)

Violation of workplace policy or rule

Health or safety issue

Discrimination or harassment

Retaliation for union activity

Other

If known, list CBA Article(s) or Section(s):

Section 4: Adjustment or Remedy Requested

Section 5: Witnesses or Evidence

Witness Names:

Witness Titles:

Documents or proof attached:

Emails/Memos

Photos

Schedules or timesheets

Prior grievances

Other

Section 6: Steward & Member Authorization

Employee Signature:

Date:

Union Steward Name:

Signature:

Date:

Section 7: Management Response (for office use only)

Date Received:

Received By: