



STANDARD COMPLAINT/GRIEVANCE FORM

Date Submitted: (Auto-Populated)	Date Received: (Entered by Company)	Complaint/Grievance Number: (Auto-Populated)
		Linked To: <input type="text"/>

	Employee ID: (123456)	LOC	Last Name	First Name	MI	Current Classification:
1*						
2						
3						
4						
5						

Applicable Agreement /Policy <small>(Select Agreement OR Enter Other Policy Document)</small>		Section(s) of the Agreement at issue <small>(Enter exact provision of the CBA)</small>							
CBA*			Article*	Section*	Paragraph*		Article	Section	Paragraph
Other		1				4			
Other		2					<i>Letter(s) of Agreement</i>		
Other		3							

	STEP 1* COMPLAINT	STEP 2 GRIEVANCE	STEP 3 GRIEVANCE	STEP 4 ARBITRATION
Received:		Received:		
Decision Dt:		Decision Dt:		
Status:		Status:		
Disposition:		Disposition:		

Complaint / Grievance Summary*	How can the dispute be resolved?*

I acknowledge the information provided in this document is in accordance to the defined requirements of the respective Collective Bargaining Agreement. I understand that checking this box constitutes a legal signature confirming that I acknowledge the accuracy of the information provided.

Submitted By*			Delivered to Company Representative*		
Last Name	First Name	MI	Last Name	First Name	MI
Title			Company Representative Title		