



# Local 13301 Piedmont Grievance Form

Name: \_\_\_\_\_ Emp #: \_\_\_\_\_ DOH: \_\_\_\_\_

Station: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Appeal of Discipline:  or Article(s) of Contract: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Grievance #: \_\_\_\_\_

Statement of Grievance:	
Remedy Sought:	
I authorize the Union to examine my employee files relevant to the grievance. Signature (Employee):	Steward (print)
Management Receipt Of Grievance: Signature & Date	
Management Response:	
	Signature & Date
Union Receipt Of Management Response: Signature & Date	
Appeal to System Board of Adjustment: <input type="checkbox"/> Date: _____	
Signature of Union Representative _____	