



Service Employees International Union, District 1199
The Health Care and Social Service Union



2 Step Grievance Form

Grievance Number: _____

Step 1

Date Filed: _____

Grievant's Name: _____ Grievant's Phone: _____

Grievant's Address, City, State, Zip: _____

Grievant's Signature: _____

Delegate's Name: _____ Worksite: _____

Date Grievance Arose: On or about _____ Supervisor's Name: _____

Statement of Grievance: Management has unjustly _____

Resolution Sought: To be made whole in every way, including, but not limited to _____

Contract Violation: Article(s) _____ Section(s) _____ and all others that may apply.

Date of meeting with Supervisor: _____ Supervisor's Response: _____

Supervisor's Signature: _____ Date: _____

Step 1 Resolution: Settled Appealed to Step 2

Step 2

Date Filed: _____

Date of meeting with Management Representative: _____

Management's Response: _____

Management's Signature: _____ Date: _____

Step 2 Resolution: Settled Appealed to Mediation Appealed to Arbitration