

GRIEVANCE FORM

Procedures for processing a grievance are contained in Article 14 of the Labor Management Agreement, between The Adjutant General of Idaho, and the American Federation of Government Employees, Local 3006 and must be complied with.				
1. DATE	2. GRIEVANT'S NAME	3. POSITION		
4. SHOP/OFFICE			5. DUTY PHONE	
6. GRIEVANCE PRESENTED TO:			7. DATE OF INCIDENT	
8. CONTRACT/REGULATION REFERENCES: (others if required)				
9. DETAILS OF GRIEVANCE: (attachments as required) State details of grievance including names, dates and locations.				
10. RESOLUTION REQUESTED: (attachments as required)				
11. UNION REPRESENTING: <u>YES</u> NO			12. UNION REPRESENTATIVE	
Print Name			Signature & Phone	
13. GRIEVANCE STEP: (Union use only, initial & date)				
STEP 1		STEP 2		ARBITRATION
a	b.	a	b	
DATE	DATE	DATE	DATE	DATE
14. RECORD OF RECEIPT: (sign and date each step) Step 1. a. Date				
Susp (7)				
b		Date		Susp (14)
GRIEVANCE No.				
Step 2. a.			Date	Susp (7)
b			Date	Susp (21)

GRIEVANT WILL COMPLETE ITEMS 1 THROUGH 12

*OTHER FORMATS MAY BE USED AS LONG AS THEY CONTAIN THE
MINIMUM INFORMATION CONTAINED IN ARTICLE 14, SECTION C.