SARASOTA COUNTY GOVERNMENT
GRIEVANCE FORM
Teamsters Local Union #173 Bargaining Unit Employees

EMPLOYEE NAME: _____ **DATE:** _____

TITLE/ POSITION: _____ **PHONE NO.:** _____

BUSINESS CENTER/ DIVISION/ZONE: _____

REPRESENTED BY: **UNION: YES** ___ **NO** ___ / **OTHER: YES** ___ **NO** ___

IF YES, REPRESENTATIVE'S NAME: _____

ADDRESS: _____

_____

TEL.: _____

DATE GRIEVANCE WAS DISCUSSED ORALLY WITH SUPERVISOR:

_____

NAME OF SUPERVISOR DISCUSSED WITH:

_____

EXPLAIN GRIEVANCE BELOW IN DETAIL, which must include the date of the alleged violation, the Article(s) and Section(s) of the agreement alleged to have been violated, a factual statement of how it is alleged the Article(s) and Section(s) of the agreement have been violated, and the impact of the alleged violation (Use additional pages if necessary):

_____

_____

_____

EXPLAIN ACTION NEEDED TO RESOLVE GRIEVANCE:

_____

_____

_____

_____ _____

Signature of Grievant **Date** **Signature of Representative** **Date**

Request for Step Two:

_____ _____

Signature Union/Employee Date **Mgr Employee/Labor Relations Date Rec**

Attach copy of Executive Director's Response

11/01/05