STATE OF CONNECTICUT

GRIEVANCE FORM B

(Form A must be attached UNLESS violation of Article XV is alleged)

FOR OFFICIAL USE ONLY

Union Code:

Agency-Fiscal Yr-Series No.

Mgmt. Code:

NAME OF GRIEVANT: _____ **BARGAINING UNIT:** _____

OFFICIAL CLASS TITLE: _____

AGENCY: _____ **DIVISION OR UNIT:**: _____

COMPLETE THE FOLLOWING ONLY IF FILING UNDER ARTICLE XV-

DISCIPLINARY ACTION TAKEN: ☐ Dismissal ☐ Suspension ☐ Demotion

DATE OF ALLEGED VIOLATION: _____

☐ My Representative will be _____ of _____
(Name of Representative) (Union)

☐ I will represent myself.

_____ _____
(Signature of Employee) (Signature of Union Representative)

DATE FILED AT STEP III: _____

_____ _____ _____
(Signature of Respondent) (Date of Conference) (Date of Response)