



GRIEVANCE INTAKE FORMS

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

JOB TITLE: _____

AGENCY: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

SHIFT: _____

STEWARD'S NAME: _____

LENGTH OF SERVICE WITH STATE: _____

LENGTH OF SERVICE WITH AGENCY: _____

LENGTH OF SERVICE IN CLASSIFICATION: _____

Have you had any past evaluations denying an annual increment? _____

Any prior suspensions, dismissals, demotions, etc? Discuss below:

WHO IS INVOLVED?

1. Responsible management person(s)? _____

2. Witness(es)? _____

WHEN DID IT HAPPEN?

1. Time and date of event? _____

2. First formal step? _____

WHERE DID IT HAPPEN? _____

WHAT HAPPENED? _____

What did a management representative do or fail to do that gives rise to the complaint?

Why is it grievable? Specifically what is wrong with "what happened"?

Contract language or policy violated (cite article, section, paragraph, page number, etc)

What must be done to make the grievant whole? _____

I. Corrective action requested _____

2. What would we scale for? _____

I hereby designate the CONNECTICUT STATE EMPLOYEES ASSOCIATION to act as my designee in all matters relating to my grievance concerning _____

Date

Signature



STEWARD TELEPHONE / DROP-IN IN-TAKE

Date: _____ **Time of Call:** _____

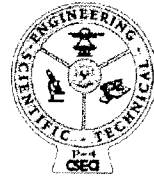
Caller _____ **Local (Dept.)** _____ **Phone #** _____

Issue:

Advice:

Follow-Up:

EMPLOYEE INVESTIGATION RECORD FORMS:



Investigation Meeting Date: _____

Steward Name: _____

Employee Name: _____

Investigator Name: _____

What are the specific reasons cited for the investigation?

Notes from the Investigation Meeting

(Attach additional sheets as needed).

**Approximate Date for
Investigation Completion:** _____

How will the Employee or their Representative Be notified of the Investigation Results?
