

**CORRECTIONAL SUPERVISORS COUNCIL
GRIEVANCE INTAKE FORM
FAX TO: 860-951-3526**

STEWARDS INFO: (Union Steward filing and representing grievant)

Name: _____ Facility: _____

GRIEVANT'S INFO: (Member filing grievance)

Name: _____ Work Phone: _____

Facility: _____ Assigned Shift: _____

GRIEVANCE INFO:

Date of Incident: _____

Contract Provision(s) Violated: _____

Statement (Issues/facts): _____

REMEDY: _____

*Stewards – Remember, Fax info. to the Union Office ASAP!
We need to meet specific deadlines! Use additional pages if necessary.
Fax any supporting documentation along with this form.*

