

CSEA/SEIU Local 2001

760 Capitol Avenue ■ Hartford, Connecticut 06106-1206 ■ Telephone: 860 951-8816 ■ 1 800 862-2256 ■ FAX: 860 951-8817



GRIEVANCE INTAKE FORM

Date: _____

Name of Employee _____ Bargaining Unit _____

Work Address _____

Work Phone _____

Home Address _____

Home Phone _____

Office Job Title _____ Hourly Salary _____

Years of Service _____ Years in Classification _____ Step Grievance is at 1 2 3 4

Who is the grievance against? _____

When did the grievance occur? _____

Where did the grievance occur? _____

Specific contract provision violated: Article _____ Section _____

Statement of grievance (description of grievance):

And Any and All other appropriate articles and sections of the contract.

Specify remedy requested:

And Any and All other benefits to which the grievant is entitled.

Grievant Signature

Date

Union Representative