

IMPORTANT NOTE: If you open and complete this form in Adobe Reader, be sure to PRINT your form before closing it. Adobe Reader does not allow users to save form inputs. To save form inputs, you must use **Adobe Acrobat** to complete the form.

NAGE GRIEVANCE COMPLAINT FORM

Step # _____ Union & Local # _____ Bargaining Unit # _____

GRIEVANCE REPORT

Grievant(s): _____ Social Security # _____

Job Title: _____ Agency: _____

Facility/Region: _____ Work Location: _____

Agency Start Date: _____ Manager: _____

Employer is in violation of Article(s): _____
and other relevant provisions of the agreement.

STATEMENT BY GRIEVANT OR UNION

The "statement" should include: (1) nature of the contract violation; i.e., what action did the employer take, or fail to take, which violated the Contract; (2) the date(s) of the violation and, where appropriate as in promotions, demotions, transfers, reassignments, etc., the relevant title(s) and work location(s). Use additional sheets of paper, if necessary.

RELIEF OR REMEDY SOUGHT

GRIEVANT'S SIGNATURE DATE UNION REPRESENTATIVE SIGNATURE DATE

In accordance with Articles 22 and 23, all disciplinary grievances must also include the following completed form.

WAIVER OF RIGHT TO APPEAL DISCIPLINARY ACTION

I wish to submit the attached grievance under Article 23, Grievance Procedure and Article 22, Arbitration of Disciplinary Action, appealing my demotion, suspension or discharge effective on _____ and pursuant to Article 22, Section 4 of the Agreement between NAGE and the Commonwealth of Massachusetts dated _____. I hereby waive any and all rights to appeal this disciplinary action to any other forum including the Civil Service Commission. I have not initiated any other appeal of this disciplinary action.

DATE EMPLOYEE SIGNATURE UNION REPRESENTATIVE SIGNATURE