

# NAGE GRIEVANCE COMPLAINT FORM

STEP #: \_\_\_\_\_ NAGE LOCAL #: \_\_\_\_\_

Grievant's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Job Title/Grade: \_\_\_\_\_ Agency/Department: \_\_\_\_\_

Facility/Region: \_\_\_\_\_ Work Location: \_\_\_\_\_

Start Date (if known): \_\_\_\_\_ Manager's name: \_\_\_\_\_

**Employer is in violation of Contract Article(s)/Section(s)** \_\_\_\_\_  
\_\_\_\_\_ and other relevant provisions of the Contract.

## STATEMENT BY GRIEVANT OR UNION

The statement should include: (1) nature of the contract violation; i.e. what action the employer took or did not take, which violated the contract; (2) the date(s) of the violation. (Use additional sheets if necessary.)

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## RELIEF OR REMEDY SOUGHT

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Grievant's Signature \_\_\_\_\_ Steward/Union Rep's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_