

Local 302, IAFF Grievance Form

Grievant's Name: _____

Grievant's Home Phone: _____ Grievant's Work Phone: _____

Date of Occurrence or
Date When Employee was Made Aware: _____

List Section of Current
Contract that apply: _____

Discribe the events and/or the
circumstances of the Grievance: _____

If More Space is Needed Use the Reverse side of this form

List What Relief
Should be Requested: _____

Grievant's Signature: _____ Date: _____

Received By: _____ Date Received: _____