



LOCAL 13301

GRIEVANCE FORM

Name: _____ Piedmont ID #: _____ AA ID#: _____ DOH: _____

Home Address: _____

Station: _____ Phone #: _____ E-Mail: _____

Appeal of Discipline: or Article(s) of Contract: _____ and any and all Articles and Letters of Agreement
which may apply, any and all federal, state, or local laws which may apply.

Date of Incident: _____ Today's Date: _____ Grievance #: _____

Statement of Grievance:

Remedy Sought:

I authorize the Union to examine my employee files relevant to the grievance.
Signature (Employee): _____

Steward Name: (Print) _____
Contact Number: _____
Email Address: _____

Management Receipt of Grievance Signature & Date: _____

Management Response:

Signature & Date: _____

Union Receipt of Managements Response: (Signature & Date) _____

Appeal to System Board of Adjustment: Date: _____
Signature of Union Representative: _____