



LOCAL 13301

cwalocal13301.com

**GRIEVANCE FORM**

Name: \_\_\_\_\_ Piedmont ID#: \_\_\_\_\_ AA ID#: \_\_\_\_\_ DOH: \_\_\_\_\_

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

Station: \_\_\_\_\_ Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Appeal of Discipline: ☐ or Article(s) of Contract: Purpose of Agreement, 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:

E-Mail 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: \_\_\_\_\_

