

Type of Grievance (Check appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual	Group	Union	Distribution Point: (if salary grievance)

Member's Name (First, M Last)			Employee I.D. Number	
Member's Home Address		City	State	Zip
Member's Home Phone	Member's Work Phone		Member's Mobile Phone	
Department	Work Location Address			
Job Title		Work Hours		

Administrative Officers

<input type="checkbox"/> Step 1:	<input type="checkbox"/> Step Omitted:
<input type="checkbox"/> Step 2:	<input type="checkbox"/> Step Omitted:
<input type="checkbox"/> Step 3:	<input type="checkbox"/> Step Omitted:

Statement of Grievance (attach additional sheets if necessary): There has been a violation, misinterpretation or misapplication of:

<input type="checkbox"/> The DC 37 Citywide Contract, including, but not limited to Article(s):
<input type="checkbox"/> The SSEU Local 371 Contract, including, but not limited to Article(s):
<input type="checkbox"/> Rules and regulation, policy or orders applicable to (cite agency: e.g., HRA, HHC, etc.):
Including, but not limited to (cite rule(s), procedure(s) violated):

STATEMENT:

Signature of staff or member:	Date	Signature of Representative:	Date:
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Prepare to appropriate step of grievance procedure: Original to appropriate step of Grievance; Copy to SSEU Local 371; Copy to Grievant; Copy to previous Step of Grievance Procedure, if appeal is involved.