



2510 Arctic Blvd., Anchorage 99503
 2122 Airport Way, Fairbanks 99701
 710 W. 9th Street, Juneau 99801

Grievance Form

Complete this form and give it to your Shop Steward, or mail it to the nearest office.

| | | | |
|---------------------------------|--|----------------------|------|
| Name: | | Social Security No.: | |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone Number: | | Work Phone Number: | |
| Name of Employer: | | | |
| Work Location/Department: | | Division: | |
| Job Classification: | | Supervisor: | |
| Date Grievance Took Place: | | Where: | |
| Date Discussed with Supervisor: | | | |

State your grievance giving names, dates, etc. Please be as specific as possible, if additional room is needed feel free to add pages.

| | |
|-----------------------------------|-------|
| Nature of Grievance: | |
| Remedy Requested: | |
| Section(s) of Agreement Violated: | |
| Signature: | Date: |

| | |
|--|----------------------|
| Supervisor Out of Bargaining Unit Reply: | Date Received: _____ |
| Supervisor's Signature: | Date: |