

REVISED 7/17/97

**UWUA
COMPLAINT UNDER GRIEVANCE PROCEDURE**

NYP A GRIEVANCE # _____
UNION GRIEVANCE # _____

NAME OF GRIEVANT: _____

TITLE: _____

NAME OF SUPERVISOR: _____

STEP (A) VERBAL (between two individuals representing the Union (usually the appropriate shop steward and/or the employee) and two individuals representing the Authority usually the employee's immediate supervisor and one other supervisor.

This step took place on _____ at _____
A.M.
P.M.

STEP (B) WRITTEN (between a member or members (no more than five) of the grievance committee designated by the Union and Department Head and no more than four other individuals designated by the Authority.

STATEMENT OF GRIEVANCE

CIRCUMSTANCES:

DATE: _____ TIME: _____ PLACE: _____

**NATURE OF
OCCURRENCE:** _____

APPLICABLE SECTIONS OF AGREEMENT: _____

TO MANAGEMENT BY: _____ A.M.
DATE: _____ TIME: _____ P.M. _____
SIGNATURE OF GRIEVANT

SIGNATURE OF UNION REPRESENTATIVE

STATEMENT OF SUPERVISOR

D UNION BY: DATE: _____ TIME: _____ A.M.
P.M. _____
SIGNATURE OF SUPERVISOR

SETTLED: YES ___ NO ___

IF SETTLED:

CC: Human Resource Dept.

SIGNATURE OF UNION REPRESENTATIVE

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UNION GRIEVANCE # _____

STEP (C) WRITTEN (between a chairperson of the Union Stewards and a business agent or their designees and the Regional Manager of the Project and the Facility Manager of Human Resources or their designees).

ADDITIONAL STATEMENT BY UNION, IF DESIRED:

TO MANAGEMENT BY:

DATE: _____ TIME: _____ A.M.
P.M.

SIGNATURE OF UNION REPRESENTATIVE

ADDITIONAL STATEMENT BY MANAGEMENT, IF REQUIRED:

TO UNION BY:

DATE: _____ TIME: _____ A.M.
P.M.

SIGNATURE OF AUTHORITY REPRESENTATIVE

SETTLED: YES _____ NO _____ **IF SETTLED:** _____

SIGNATURE OF UNION REPRESENTATIVE