



MARGARETTA  
LOCAL #379  
Classified Grievance Form

\_\_\_\_\_  
Work Location (Please Print)

\_\_\_\_\_  
Grievant's Name (Please Print)

**Step 1**

**STATEMENT OF GRIEVANCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section of Agreement claimed to have been violated: \_\_\_\_\_

Date, Time and Location of occurrence: \_\_\_\_\_

Relief requested: \_\_\_\_\_

\_\_\_\_\_

Presented to Supervisor: \_\_\_\_\_  
(Date) (Supervisor's Signature)

Received by Supervisor: \_\_\_\_\_  
(Date) (Supervisor's Signature)

Discussion/Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response: \_\_\_\_\_  
(Date) (Supervisor's Signature)

\_\_\_\_\_

**Step 2**

**I hereby request that my grievance be forwarded to Step 2**

Date: \_\_\_\_\_ Grievant's Signature: \_\_\_\_\_

Received by Administrator/Designee: \_\_\_\_\_  
(Date) (Director/Designee Signature)

Disposition: \_\_\_\_\_

\_\_\_\_\_

Response: \_\_\_\_\_  
(Date) (Director/Designee Signature)

**Step 3**

**I hereby request that my grievance be forwarded to Step 3 - Personnel Committee**

Date: \_\_\_\_\_ Union's Signature: \_\_\_\_\_

Received by Director/Designee: \_\_\_\_\_  
(Date) (Director/Designee Signature)

Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response: \_\_\_\_\_  
(Date) (Director/Designee Signature)

\_\_\_\_\_

**Step 4**

**I hereby request that my grievance be forwarded to Step 4 - Mediation (FMCS)**

Date: \_\_\_\_\_ Union's Signature: \_\_\_\_\_

Received by Director/Designee: \_\_\_\_\_  
(Date) (Director/Designee Signature)

Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response: \_\_\_\_\_  
(Date) (Director/Designee Signature)

\_\_\_\_\_