



Service Employees International Union, District 1199  
The Health Care and Social Service Union



**2 Step Grievance Form**

Grievance Number: \_\_\_\_\_

**Step 1**

Date Filed: \_\_\_\_\_

Grievant's Name: \_\_\_\_\_ Grievant's Phone: \_\_\_\_\_

Grievant's Address, City, State, Zip: \_\_\_\_\_

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

Delegate's Name: \_\_\_\_\_ Worksite: \_\_\_\_\_

Date Grievance Arose: On or about \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Statement of Grievance: Management has unjustly \_\_\_\_\_

Resolution Sought: To be made whole in every way, including, but not limited to \_\_\_\_\_

Contract Violation: Article(s) \_\_\_\_\_ Section(s) \_\_\_\_\_ and all others that may apply.

Date of meeting with Supervisor: \_\_\_\_\_ Supervisor's Response: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 1 Resolution:     Settled     Appealed to Step 2**

**Step 2**

Date Filed: \_\_\_\_\_

Date of meeting with Management Representative: \_\_\_\_\_

Management's Response: \_\_\_\_\_

Management's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2 Resolution:     Settled     Appealed to Mediation     Appealed to Arbitration**