

Grievance Form, AFGE Local2883/CDC

Name of Employee:	Job Title, Series, & Grade:	Organization (include CIO/Division/Branch/Section as appropriate):			
Date of Incident:	Date Submitted:		Name of Management Official with Whom Grievance Is Being Filed:		
	Step 1		Step 1		
	Step 2		Step 2		
ADR Requested? Yes No	Step 1		Grievance Meeting Requested? Yes No	Step 1	
	Step 2			Step 2	
What Sections of the Collective Bargaining Agreement, Agency Policies, Laws, Regulations, Etc., Are Applicable:					
Statement of Facts of Grievance					
Name and title of management official, if any, against whom the grievance is being filed:					
Place of occurrence:					
Specific incident or description of action being grieved:					
Relief Requested:					
Name of Grievant:					
Name of Union Representative (if any):					