

Professional and Technical Employees – Local 17

Local 17 Employee Grievance Form

Union Representative's Name		
On Behalf of the Following Employee(s)		Classification(s)
Employee's Work Location	Region / HQ / Division	
Date and Time of Occurrence	Place of Occurrence	
Name(s) of Person(s) Involved		
Allegation of a Misapplication, Misinterpretation, or Violation of the Agreement (Including Article No. and Section)		
Nature of Grievance		
Facts Upon Which Grievance is Based		
Remedy Requested		
Union Representative Signature		