

APPENDIX D



OSEA Official Grievance Form

Grievant's Name			Chapter	
Street Address			Home Phone	Work Phone
City	State	Zip	Employer	
Classification			Work Location	
Department			Supervisor	
OSEA Field Representative			Date Filed	

List applicable violated Article and Section

Statement of Grievance

Adjustment Required

I hereby authorize OSEA to represent me. I also grant the Steward (named below) and the Field Representative to have full access to any and all of my personnel files until such time as this grievance is resolved.

Signature of Grievant _____ Date _____
 Signature of Steward _____ Date _____
 Received by Employer _____ Date _____

Office Use Only			
Chapter	Year	Grievance #	Type

Note: Size adjusted to fit page