

Official Grievance Form - OCESPA

Name: _____

Worksite: _____ Assignment: _____

Home Address: _____ Home Phone: _____

A. Date Cause of Grievance Occurred: _____

B. Relates to what section of Contract: _____

C. Statement of Grievance: _____

D. Relief Sought: _____

Signature Date

Sequence

Step I Date Submitted: _____ Date of Disposition: _____

Summary of Disposition: _____

Signature Date

Step II: Date Submitted: _____ Date of Disposition: _____

Summary of Disposition (see attached): _____

Signature Date

CC: Copy to Immediate Supervisor
Copy to Grievant
Copy to OCESPA (Grievant's Responsibility)

Grievance No. _____