

GRIEVANCE PROCEDURE FORM
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
LOCAL 2022

STEP 1

DATE: _____

Name of Employee (Grievant)

Job Title and Grade

Name of Immediate Supervisor

Organization

Date of Act Causing Grievance

Name of Union Representative (if any)

Description of grievance including the specific articles/sections or regulations alleged to have been violated, misinterpreted, or misapplied, and the personal relief sought to resolve the grievance:

Signature of Employee

Decision on Grievance at Step 1

Date: _____

Signature of Immediate Supervisor

Date received by Employee/Union Representative, if any

STEP 2

I have followed the procedures of Step 1 of Article 40 of the Agreement between my activity commander and Local 2022 and do not feel that my grievance is resolved at Step 1 to my satisfaction for the following reasons:

Date of Receipt by Head of Division,
Department, or Office

Date of Meeting and Discussion by Head of Division,
Department, or Office

Date of Written Decision (attach
decision with complete details)

Date Written Decision Received by Employee or
Union Representative