

PUBLIC SERVICE EMPLOYEES
LOCAL UNION 1144
TAUNTON, MASSACHUSETTS

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, AFL-CIO

GRIEVANCE FORM

(To be used in STEP 1 of the Grievance Procedure)

Employee's Name & Title _____

Grievance Filing Date _____

Employee's Department _____

Employee's Department Head _____

Contract Violation

Signature of Employee (Grievant) _____

Signature of Union Representative _____

Corrective Action Requested

(Employee should not write below this line)

Date Received by Director of Personnel & Signature _____

Department Head Signature & Date _____

Department Head's Response (must be returned within 5 days from filing date)

