

Negotiated Grievance Form

NIH and AFGE Local 2419

Name(s) of Grievant(s):

Type of Grievance

Employee

Union

Management

For individual or group grievances

Step 1 Official name (first-line supervisor): _____

Step 2 Official name (second-line supervisor): _____

Designated Representative/contact information: _____

Date(s) of Alleged Violation(s)/Occurrence(s): _____

Basic facts of the grievance (must include sufficient specificity so that responding party can understand the facts at issue):

Alleged Violation

Contractual:

Statutory or regulatory violations:

Remedy Requested:

Grievant Signature

Name (Written)

Date

Union Representative Signature

Name (Written)

Date

Relevant Attachments/Supporting Evidence:

Note: May attach additional sheets of paper as necessary. Each additional sheet should be appropriately labeled.