

**LMTWA EMPLOYEE GRIEVANCE FORM**

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name(s) of Aggrieved:** \_\_\_\_\_

**Article and Section of contract claimed to be violated:**

\_\_\_\_\_

**Did you or LMTWA orally submit this grievance to your immediate Supervisor as 1<sup>st</sup> step?** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Date Answered:** \_\_\_\_\_

\_\_\_\_\_

**To the Department Head (2<sup>nd</sup> step)**

**Statement of Claimed Grievance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remedy Sought:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_

**Personnel Director's Disposition (3<sup>rd</sup> step)** **Date** \_\_\_\_\_

**Granted** \_\_\_\_\_ **Rejected** \_\_\_\_\_ **Withdrawn** \_\_\_\_\_ **Other** \_\_\_\_\_

**Recommendation:**

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_