



2510 Arctic Blvd., Anchorage 99503  
 2122 Airport Way, Fairbanks 99701  
 712 W. 9<sup>th</sup> Street, Juneau 99801

## Grievance Form

Complete this form and give it to your Shop Steward, or mail it to the nearest office.

Name:		Employee ID No.:	
Address:			
City:		State:AK	Zip:
Home Phone Number:		Work Phone Number:	
Name of Employer:			
Work Location/Department:		Division:	
Job Classification:i		Supervisor:	
Date Grievance Took Place:		Where:	
Date Discussed with Supervisor:			

State your grievance giving names, dates, etc. Please be as specific as possible, if additional room is needed feel free to add pages.

Nature of Grievance:	
Remedy Requested:	
Section(s) of Agreement Violated:	
Signature:	Date:

Supervisor Out of Bargaining Unit Reply:	Date Received: _____
Supervisor's Signature:	Date: