



# USAW-RI

United Service and Allied Workers of Rhode Island



## USAW-RI GRIEVANCE FORM

DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

STATEMENT OF GRIEVANCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMEDY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STEWARD'S SIGNATURE \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

SUPERVISOR'S ANSWER \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_