Technical Employees Association
Employee's Grievance Form

GRIEVANCE NUMBER

GRIEVANTS NAME/TITLE	GRIEVANT'S WORK TELEPHONE #
GRIEVANT'S WORK ADDRESS	DO YOU WISH TO FILE A GRIEVANCE? YES NO
GRIEVANT'S IMMEDIATE SUPERVISOR/TITLE	SUPERVISOR'S WORK TELEPHONE #
DATE OF ALLEGED VIOLATION(S)	SPECIFIC ARTICLE(S) & SECTION(S) ALLEGEDLY VIOLATED
DATE OF INFORMAL DISCUSSION WITH SUPERVISOR	DATE OF INFORMAL RESPONSE
DESCRIPTION OF ALLEGED VIOLATION OF THE AGREEMENT. (PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)	
REMEDY REQUESTED OR RESOLUTION ACHIEVED DURING INFORMAL DISCUSSIONS	
GRIEVANT'S SIGNATURE/DATE	
TEA REPRESENTATIVE'S SIGNATURE (IF REPRESENTED)/DATE	