



City of Austin

Labor Contract Grievance Form (APD & EMS)

(1.) NAME (Print or Type)	(2.) Employee I.D. Number	(3.) Rank	
(4.) Contact Phone (cell or pager)	(5.) Work Phone	(6.) Division	(7.) Shift (Hours)
(8.) Immediate Supervisor & Rank	(9.) Supv. Wk Phone	(10.) Knowledge of or date of incident.	
(11.) Contract Article/s being Grieved		(12.) Was informal resolution attempted – (if so, with whom)	
(13.) Employee's Statement of Grievance (Attach additional pages if needed; who, what, when, where, how, why, etc.)			
(14.) Remedy or adjustment sought to grievance.			
(15.) Grievant Signature	(16.) Verification of Assoc. Committee Approval & Representative Signature	(17.) Date Given/mailed	

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Department Head Response

(18.) Date Received	(19.) Signature of Chief/Designee	(20.) Resolution with Grievant yes / no (circle one)
(21.) Provide details of resolution – if no resolution provide details (attach additional pages if necessary).		
(22.) Date Completed		(23.) Date Forwarded to Association

Association Response

(24.) Date Received by Association	(25.) Accept Resolution <input type="checkbox"/> Reject Resolution and proceed to Arbitration. <input type="checkbox"/>
(26.) Assoc. President/Designee signature	