



City of Austin / IAFF Local 975 Labor Contract Grievance Form

See Collective Bargaining Agreement Article 20 Grievance Procedure, Page 51

(Grievance Number - If Applicable _____)

| | | | |
|---|--|---|------------------|
| (1.) NAME (Print or Type) | (2.) Employee I.D. Number (TXFR) | (3.) Rank | |
| (4.) Contact Phone (cell or pager) | (5.) Work Phone | (6.) Div./Assignment | (7.) Shift (Hrs) |
| (8.) Immediate Supervisor & Rank | (9.) Supv. Wk Phone | (10.) * Date FF knew or should have known of incident/facts or event. | |
| (11.) Contract Article/s being Grievied | | (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.) | | | |
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| (14.) Remedy or adjustment sought to grievance. | | | |
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| (15.) Grievant Signature | (16.) Verification of Assoc. Committee Approval & Representative Signature | (17.) Date Given/Mailed | |

*This shall not preclude either party from introducing evidence as to the actual date of the incident/facts or event.

