

GRIEVANCE REPORT

STEP # _____



Local 509, Service Employees International Union

100 Talcott Ave, Bldg 313, 2nd fl

Watertown, MA 02472

Phone: (617) 924-8509

489 Whitney Ave

Holyoke, MA 01040

Fax: (617) 924-8248

To: _____

From: _____

(Grievant's Name and/or Name of the Union)

Agency: _____

Job Title: _____

Work Location: _____

Violations: The Employer is in violation of Article(s) _____

and other relevant provisions of the Agreement.

(Fill in)

Nature of the Grievance:

Proposed Solution to Grievance:

and all other relief that is deemed just and proper.

Date

Signature of Grievant and/or Steward and/or Union Rep.