

GRIEVANCE REPORT

STEP # _____



Local 509, Service Employees International Union

293 Boston Post Road West, 4th Floor

Marlborough, MA 01752

Phone: 774-843-7509

1275 Elm Street, Suite C

West Springfield, MA 01089

Fax: 413-858-1900

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.