

GRIEVANCE REPORT

STEP #

LOCAL 509, Service Employees International Union



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Western Massachusetts
1275 Elm St.
W. Springfield, MA 01089
Fax (413) 858-1900

TO:

FROM:

AGENCY:

JOB TITLE:

WORK LOCATION:

VIOLATION: The Employer is in violation of Article(s) and other relevant provisions of the Agreement.

NATURE OF THE GRIEVANCE

PROPOSED SOLUTION TO GRIEVANCE:

and all other such relief that is deemed just and proper.

DATE

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