

STATE OF CONNECTICUT
SOCIAL AND HUMAN SERVICES - P-2
GRIEVANCE FORM A (REVISED 12/1/09)

FOR OFFICIAL USE ONLY	
AFSCME Local	Fiscal Yr.
Agency: _____	Office: _____
Council 4 Rep:	

NAME OF GRIEVANT: _____	AGENCY: _____
OFFICIAL CLASS TITLE: _____	DATE OF ALLEGED VIOLATION: _____
SPECIFIC CONTRACT PROVISION VIOLATED (ARTICLE, SECTION) : _____ _____	

STATEMENT OF GRIEVANCE (FACTS AND ISSUES INVOLVED): _____ _____ _____ _____ _____

REMEDY REQUESTED: _____ _____ _____

I hereby declare that all statements made herein are true and accurate to the best of my knowledge and I desire representation in this grievance as follows:

My Representative will be: _____ I will represent myself

(Signature of Employee)

(Signature of Representative)

DATE FILED AT STEP I _____

ANSWER AT STEP I (Agency Head or Designee) _____ _____ _____
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Signature of Respondent _____	Date of Meeting _____	Date of Response _____
<input type="checkbox"/> I ACKNOWLEDGE SETTLEMENT OF MY GRIEVANCE		
<input type="checkbox"/> I APPEAL DECISION AND REQUEST REVIEW AND RESPONSE AT THE NEXT STEP		
Signature of Employee _____	Signature of Union Representative _____	

