



INTERNATIONAL ASSOCIATION OF EMTs & PARAMEDICS
LOCAL R5 -134 | OKALOOSA COUNTY EMS

(A DIVISION OF THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES)

FORMAL GRIEVANCE – Step # _____

Grievant(s):	Contact #:
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Grievance #: _____ (year)/_____ (number)	Grievant Represented By Union: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Job Title:	Assignment:
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Date of Hire:	Supervisor or Manager:
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Article(s) & Section(s) in Violation:

Date/Time of Violation:	Date/Time Grievant/Union Became Aware of Violation:
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Statement by Grievant
The statement should include: (1) nature of the contract violation; i.e., what action did the employer take, or fail to take, which violated the contract; (2) the date(s) and location(s) of the violation; (3) date grievant became aware of the event <i>(if different)</i> .
<input type="checkbox"/> continued

Desired Remedy or Resolution

Grievant Signature:	Date:
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Union Representative Signature:	Date:
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