

GRIEVANCE FORM

*City Employees Union Local 237
216 West 14th Street
New York, NY 10011*

PLEASE PRINT

NAME _____ WORK TEL. NO. _____

HOME TEL. NO. _____

WORK ADDRESS _____

HOME ADDRESS _____

DATE OF EMPLOYMENT _____ TITLE _____

DEPT. _____ DIVISION _____ LOCATION _____

NAME OF IMMEDIATE SUPERVISOR _____

FILING DATE OF GRIEVANCE _____

STATEMENT OF GRIEVANCE

State your grievance clearly in the space below. Attach another sheet if necessary.

SIGNATURE OF MEMBER

SIGNATURE OF SHOP STEWARD
OR BUSINESS AGENT