

City of Waupaca

Employee Grievance Form

Grievance No: _____

Date: _____

1. Employee Name: _____

2. Department: _____ 3. Classification: _____

4. Bargaining Unit () AFSCME () WELA () Other

5. Does the grievance allege a violation of a collective bargaining agreement?

() Yes () No

If yes, Article No. _____ Section No. _____

6. Use this space to describe the grievance, including the date, time, place, names of persons involved and a general description of the grievance alleged:

7. State the relief or remedy sought:

8. Signatures:

Employee

Representative

9. **For the Supervisor:** (Attach Grievance Report For No.)

a. Was the grievance filed timely? () Yes () No

If no, give the reason

B. Supervisor's answer:

C. Signature of Supervisor: _____

Date Grievance Received: _____

Date returned to employee or representative: _____