



8555 16th Street, Suite 500
Silver Spring, MD 20910-3320
301-608-8080
OFFICE AND PROFESSIONAL EMPLOYEES
INTERNATIONAL UNION
LOCAL 2, AFL-CIO
GRIEVANCE REPORT FORM

Grievant: _____ Date: _____

Employer: _____

Department: _____

Classification: _____

Nature of Grievance: _____

Article(s) Violated:

Remedy Sought:

Grievant Signature

First Decision: _____

(Employer Representative) _____
(Union Representative)

Second Step Decision: _____

(Employer Representative) _____
(Union Representative)

Third Step Decision: _____

(Employer Representative) _____
(Union Representative)

Arbitrator's Award: _____

Note: Union Signature at each step is only indicative that such step is taken and does not reflect concurrence in the decision rendered unless so specified in his/her stated position.