6411 Ivy Lane, Suite 340
Greenbelt, MD 20770
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.