

SEIU LOCAL 6 GRIEVANCE FORM

Employee's Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____ Pager # _____ E-mail _____

Employer _____ Work Location _____ Shift _____

Job Title _____ Date of Hire _____ Rate of Pay _____

Immediate Supervisor's Name _____

Date of: Grievance _____ Date of Incident _____

STATEMENT OF GRIEVANCE: (BE SPECIFIC; USE BACK OF FORM OR SEPARATE SHEET OF PAPER, IF NECESSARY)

REMEDY OF GRIEVANCE

SECTION(S) OF THE CONTRACT VIOLATED (INCLUDING BUT NOT LIMITED TO)

Employee's Signature

Date Submitted

PLEASE GIVE COMPLETED GRIEVANCE FORM TO YOUR SUPERVISOR WITH A COPY TO UNION. THANK YOU.

**Service Employees International Union, Local 6
3720 Airport Way South, Seattle WA 98134**

(206) 448-7348 (toll-free 1-800-238-7348) FAX # 206-441-5120