



MEMBER GRIEVANCE FORM

Employee's Name _____

Address _____ City _____ State _____ Zip _____

*Phone _____ E-mail _____

Employer _____ Job Title _____ Employee ID _____

Work Location _____ Shift _____

☐ Write Up ☐ Termination ☐ Suspension ☐ Other _____

Date of Incident: _____ Date Write Up/Term Received: _____

☐ Notify me about my grievance via email ☐ Notify me about my grievance via text

Have you been employed for 90 working days? ☐ YES ☐ NO

How were you notified of disciplinary action? ☐ email ☐ in person ☐ Other: _____

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

REMEDY OF GRIEVANCE

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

Employee's Signature

Date Submitted

Please send a copy of your Grievance to Alyson at alyson@seiu6.org immediately.

You can also fax it to 206-441-5120 or drop it off at our office, located at:

3720 Airport Way S, Seattle WA 98134

Phone: (206) 448-7348 FAX (206) 441-5120