

HPAE Local 5103

American Red Cross Grievance Form

Grievance # _____

Name of Grievant _____ Phone # _____

Job Title _____ Status (FT, PT, Per Diem) _____ Dept. _____

Contract section(s) violated: *Management is in violation of, but not limited to* _____

Date of violation _____

Filed at 1st step with _____ Date _____

Statement of grievance _____

Award sought: *The grievant(s) shall be made whole in all respects including:* _____

1st step answer: _____

Filed at 2nd step with: _____ Hearing Date _____

2nd step response _____

Grievant's Signature _____ Date _____

Union Representative's Signature _____ Date _____