

Green Copy to Employee
Yellow Copy to Department
Pink Copy to Administration Office (Institutions, Parks, and Public Works)
White Copy to Personnel Review Board
Blue Copy to Union Local President

**SEE INSTRUCTIONS
ON REVERSE SIDE**

1

COUNTY OF MILWAUKEE
GRIEVANCE INITIATION FORM

(PLEASE PRINT OR TYPE)

_____	_____
Date of Initiation	Grievance Reference Number
_____	_____
Date of Verbal Decision	Name and Initials of Immediate Supervisor
TO: _____	_____
Name of Appointing Authority or Designee	Title of Appointing Authority or Designee
_____	_____
Department or Institution	District, Division, Unit or Section
FROM: _____	_____
Name of Grievant	Title of Grievant
_____	_____
Home Address of Grievant	Grievant Home/Work Phone
_____	_____
Shift of Grievant	Normal Off Days of Grievant

REPRESENTATIVES: You May Select Three (3) Union Representatives to Represent You in this Grievance.

1. _____	_____	_____
Representative Name	Address	Phone
2. _____	_____	_____
Representative Name	Address	Phone
3. _____	_____	_____
Representative Name	Address	Phone

What happened to cause your Grievance? (Please give details as to Date, Where, Who was involved.)

What Rule, Regulation, Contract Provision, etc., was violated?

What specific relief do you want?

Signature of Grievant