



Protective Services Officer's United

EMPLOYEE GRIEVANCE FORM

Employee name(s): _____

Date Form Submitted: _____

Job Title: _____

Employee ID: _____

Grievance tracking # _____

SITE NAME: _____

Phone #: _____

Details of Event Leading to Grievance: (DATE, TIME, AND LOCATION OF EVENT)

Witnesses: (If Applicable)

Account of Event(s): (Provide a detailed account of the occurrence. Include the names of persons involved.)

Violations: (Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.)

Remedy Requested:

All references and files shall be removed from the grievance records and from management records. The grievant shall be made whole for a loss of pay and other entitlements.

Employee Signature: _____

Date: _____

GRIEVANCE STEP SUBMITTED

Step 1 SUBMITTED ON _____

Step 2: SUBMITTED ON _____

RECEIVED BY:

SIGNATURE

Print

Date

Upper Marlboro, MD

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Disclosure: This Letter/email is for PSOs United union members and union members only. Any other solicitation is illegal and subject to penalty of law.