

**DOL/Local 12 Standard Grievance Form**

**GRIEVANT'S NAME:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**Step 1 Information**

**Official Presented To:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Local 12 Representative:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Date of Alleged Violation (or continuing):** \_\_\_\_\_

**Basic Facts:**

**Signature of Grievant:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Date of Receipt and Initials:** \_\_\_\_\_

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**Step 2 Information**

**Official Presented To:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Local 12 Representative:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Additional Information:**

**Alleged Violations of Contract  
Article(s) and/or Regulations:** \_\_\_\_\_

**Remedy Sought:**

**Signature of Grievant:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Agency Vice President's Initials:** \_\_\_\_\_ **Date of Receipt and Initials:** \_\_\_\_\_