## Police Benevolent Association of New York State, Inc.

## **GRIEVANCE FORM**

(Please Print or Type)

Local Grievance Number:	DO NOT WRITE IN THIS BOX
Facility (or agency):	PBANYS Grievance Number:
Aggrieved Employee:	
Local Union Rep.:	Phone Number/ext:
Date Submitted:	Date of Occurrence:
Contract Article Violation(s):	
STATEMENT OF FACTS:	
	·
REMEDY SOUGHT:	
	-
Aggrieved Employee's Signature:	

## STEP 1 DECISION

	<del></del>
Date Received:	Date of Review:
	-
uperintendent or Designee:	Date Answered:
eviewed by (Union Official).	Data Bassiyadı
eviewed by (Union Official):	Date Received:
	APPEAL TO
	STEP 2
	<del></del>
ACTS OF APPEAL:	
Signature:	Date Appealed:
PER-80	
Rev. 12/16	