

New York State Correctional Officers & Police Benevolent Association, Inc.

GRIEVANCE FORM

(Please Print or Type)

Local Grievance Number: _____

Facility (or agency): _____

Aggrieved Employee: _____

Local Union Rep.: _____

DO NOT WRITE IN THIS BOX
NYSCOPBA Grievance Number: _____

Phone Number/ext: _____

Date Submitted: _____

Date of Occurrence: _____

Contract Article Violation(s): _____

STATEMENT OF FACTS: _____

REMEDY SOUGHT: _____

Aggrieved Employee's Signature: _____

STEP 1
DECISION

Date Received: _____

Date of Review: _____

Superintendent or Designee: _____ Date Answered: _____

Reviewed by (Union Official): _____ Date Received: _____

APPEAL TO
STEP 2

FACTS OF APPEAL: _____

Signature: _____ Date Appealed: _____