

GRIEVANCE RECORD	<i>FOR FAA USE ONLY</i>
	NO.

AGGRIEVED		
1A. EMPLOYEE'S NAME	1B. FACILITY	1C. LOCATION
2. ARTICLE/SECTION VIOLATED	3. INCIDENT DATE	4. NAME OF UNION REPRESENTATIVE
5. INFORMAL GRIEVANCE OFFICIAL	6. INFORMAL DECISION DATE	7. ORAL PRESENTATION REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO

GRIEVANCE
8. DESCRIPTION
9. CORRECTIVE ACTION DESIRED

SUBMISSION		RECEIPT ACKNOWLEDGED	
10. EMPLOYEE'S SIGNATURE	11. DATE	12. MANAGEMENT OFFICIAL'S SIGNATURE	13. DATE

DISPOSITION
14. DESCRIPTION

