

UFF/BREVARD GRIEVANCE FORM

GRIEVANT

GRIEVANCE REPRESENTATIVE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Occurrence:

Statement of Facts:

Citation of Articles Violated:

Remedy Sought:

Signature of  
Grievant: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_