



OFFICE USE ONLY

GRIEVANCE

DATE

330 Bullard Avenue Clovis, CA 93612
Phone: 1-833-OMEGACLA (1-833-663-4258)
Email: info@omegacla.org

GRIEVANCE FORM

EMPLOYEE NAME: WORK LOCATION:
SUPERVISOR NAME: DATE OF HIRE:
CURRENT JOB TITLE: DATE OF INCIDENT: TIME OF INCIDENT:

Nature of grievance (may check more than one box if applicable):
[] Related to on site injury [] Wages/Pay days [] Meal times/Breaks [] Working Conditions [] Benefits
[] Suspension/Termination [] Discrimination [] Dispute with another employee
[] Dispute with Supervisor/Manager [] Other, please explain:
Resolution Requested for Grievance:

Please explain what happened. You may attach extra pages if needed.

Grievance Checklist:

- Step 1: Fill out Grievance-Claim Report within at least ten (10) working days of the occurrence or event in the presence of the Union Steward.
Step 2: Union Steward will meet with Supervisor/Manager to discuss a possible resolution of the grievance or claim within ten (10) working day period.
Step 3: If no resolution is reached in step (2) above, then the grievance or claim may be heard by an arbitrator designated by both PARTIES.
Step 4: In the event both parties fail to mutually agree upon an arbitrator, either party may move to arbitration through the rules of arbitration as provided by the Federal Mediation and Conciliation Service.

EMPLOYEE: DATE:
SUPERVISOR/EMPLOYER: DATE:
ASSOC. REP. / STEWARD SIGNATURE: DATE: