

WISCONSIN COUNCIL OF COUNTY AND MUNICIPAL EMPLOYEES, COUNCIL # 40

affiliated with
AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES

LOCAL UNION NAME: _____ No. _____

Employer: _____

Complaint and Grievance No. _____

Date _____

Employee's Supervisor _____

Work Location _____

Employee's Name _____

Hiring Date _____

Employee's Phone _____

Grade Level _____

Date of the alleged infraction _____

Statement of Grievance:

(Circumstances of Facts): (Briefly, what happened) _____

(The contention—what did management do wrong?) (Article or Section of contract which was violated if any) _____

(The Request for Settlement or corrective action desired): _____



(Signed) _____