

# KUNA LOCAL 5132 GRIEVANCE FORM

Provide a copy of this page only to your immediate supervisor (if Step 1) or the director of labor relations (if Step 3).

Additional material may be attached if you need more space than provided.

## Employee Information

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Name:

Date of Filing:

Job Title:

Dept./Unit:

Work Email:

Shift:

## Grievance

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*A grievance must be filed within 5 days of the date or discovery of the incident.*

Date of Incident:

Filing at: ☐ Step 1    ☐ Step 3

Description of Incident:

Remedy Sought:

Employee Signature: