

**GRIEVANCE FORM**  
**SEIU local 73 Social Service Units**  
300 S. Ashland Av. Ste 400 Chicago, IL 60607  
**Telephone: 312.787-5868**

**DATE**

NAME OF EMPLOYER \_\_\_\_\_

Employee Name \_\_\_\_\_ Grievance. # \_\_\_\_\_  
Job Classification \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Department Name/Area \_\_\_\_\_  
Union Steward/Rep. \_\_\_\_\_ Steward/Reps. \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Nature of Grievance (include dates) \_\_\_\_\_

Article and/or Rule Violated \_\_\_\_\_ & all other articles, rules, or past practices

Remedy Sought Make the grievant whole in every way including but not limited to:

Date Answered at Step 1 \_\_\_\_\_ Supervisor \_\_\_\_\_

**STEP II**

Date Submitted \_\_\_\_\_ Employee Signature \_\_\_\_\_  
Steward Signature \_\_\_\_\_

Answer Step II

Date Answered \_\_\_\_\_ Dept. Head Signature \_\_\_\_\_

**STEP III**

Date Referred to Step III \_\_\_\_\_ Steward Signature \_\_\_\_\_  
Union Rep. Signature \_\_\_\_\_  
Received \_\_\_\_\_