

C.O.D.E. Grievance Report

Date Submitted: _____

No. _____

Department: _____

Division: _____

Employee: _____

Supervisor: _____

Department Representative: _____

Division Head: _____

Employee's Hire Date: _____

Employee's Job Classification: _____

Violation (Cite specific Collective Bargaining Agreement ("CBA") chapters, sections, and clauses or Personnel Policy Procedure violations.):

Facts (Who, What, When & Where):

Relief Requested (Be specific):