New York State Correctional Officers & Police Benevolent Association, Inc.

GRIEVANCE FORM

(Please Print or Type)

Local Grievance Number: _____

Facility (or agency): _____

Aggrieved Employee: _____

Local Union Rep.:_____ **Phone Number/ext:** _____

Date Submitted:_____ **Date of Occurrence:**_____

Contract Article Violation(s): _____

STATEMENT OF FACTS: _____

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REMEDY SOUGHT: _____

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Aggrieved Employee's Signature:

STEP 1
DECISION

Date Received:_____ **Date of Review:**_____

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Superintendent or Designee:_____**Date Answered:**_____

Reviewed by (Union Official):_____ **Date Received:**_____

APPEAL TO
STEP 2

FACTS OF APPEAL:_____

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Signature:_____ **Date Appealed:** _____