VSEA COMPLAINT MEETING REQUEST: STEP ONE GRIEVANCE

10:	(name of Supervisor or manager) DATE:
From:	, VSEA Steward
NOTICE is hereby given that VSEA, o	on hehalf of
	oyees does grieve the following:
	oyees does give the following.
Does this complaint affect more th	nan one employee?
STATEMENT OF FACTS:	
	FOLLOWING VIOLATIONS (CONTRACT, LAW, PAST URE):
	hat they are made whole, and that the following remedial
and all other applicable contract	ual provisions, laws, policies, rules, procedures and regulations
Grievant and Steward requ	est a meeting with management to address
this complaint with the goal by management. If remedia may submit a Step Two gri	al of agreeing on remedial action to be taken al action sought is not granted, the Grievant evance to the Department/ Agency
Commissioner.	
Name of Steward	Date
Steward contact information:	
Employee contact information:	

VSEA Steward: make four copies of this form. Submit one to management, one to your VSEA Union Rep, give the employee one copy and keep one for your records.