



# METROPOLITAN ALLIANCE OF POLICE GRIEVANCE REPORT

215 Remington Blvd Suite C  
Bolingbrook, IL 60440  
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Grievance #
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Chapter # \_\_\_\_\_

### Step 1

Grievant's Name (Last, First, MI)		Badge #	Division/Shift
Incident Date:	Contract Section Violated:	Presented to:	First Submission Date:

Basis of Grievance: *(Attach additional documentation, if any. Explain violation of the contract and the remedy sought.)*

Receiving Supervisor Signature: _____	Date: _____
Grievant's Signature: _____	Date: _____
Union Rep. Signature (optional): _____	Date: _____

Step 1 Disposition/Employer's Response: _____	Date: _____
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Employer's/Designee's Signature: _____	Date: _____
Grievant's Signature: _____	Date: _____

Step 2 Disposition/Employer's Response: _____	
Employer's/Designee's Signature: _____	Date: _____
Grievant's Signature: _____	Date: _____

Advanced to Step 3: YES NO	Grievant's/Union Rep's Initials: _____	Date: _____
Advanced to Step 4: YES NO	Grievant's/Union Rep's Initials: _____	Date: _____