METROPOLITAN ALLIANCE OF POLICE
GRIEVANCE REPORT

215 Remington Blvd Suite C
Bolingbrook, IL 60440
Phone: (630) 759-4925 Fax: (630) 759-1902

Grievance #

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: _____

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: _____

White to Employer * Yellow to Union * Pink to Steward * Gold to Grievant