New York State Correctional Officers & Police Benevolent Association, Inc. <u>GRIEVANCE FORM</u> (Please Type or Print) Re

Revised: March 1, 2003

TOOM OF THE PARTY	DO NOT WRITE IN THIS BOX
LOCAL Grievance Number:	NYSCOPBA Grievance Number: CON
Facility (or Agency):	1 Total Bit Ghevance Number.
Aggrieved Employee:	
LOCAL Union Rep:	Phone Number/ext
Data Sukarittadı	Data of Occurrences
Date Submitted:	Date of Occurrence:
Contract Article Violation(s):	
STATEMENT OF FACTS:	
REMEDY SOUGHT:	
Aggrieved Employee's Signature:	

STEP I DECISION	
Date Received:	Date of Review:
Superintendent or Designee:	Date Answered:
oupermicination of Beorgaeci.	Butc Inswered
Received by (Union Official):	Date Received:
AFFEAL	TO STEP II
FACTS OF APPEAL:	
Signature:	Date Appealed: