



## Washington State Patrol Lieutenants Association

P.O. Box 175, Olympia, WA 98507 (360) 239-2846

### GRIEVANCE FORM

**Employee Name** \_\_\_\_\_ **Rank** \_\_\_\_\_ **Personnel Number** \_\_\_\_\_

**Grievance Number** \_\_\_\_\_ (Supervisor obtains from Labor & Risk Management)

**District** \_\_\_\_\_ **Detachment** \_\_\_\_\_

**Article & Section(s) of Contract Violated** \_\_\_\_\_

**State Grievance (Include date of occurrence)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remedy Requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Grievant** \_\_\_\_\_ **Date** \_\_\_\_\_

Step 1. Date filed with Supervisor \_\_\_\_\_

(Grievant must file within 20 calendar days of occurrence) Supervisors shall promptly forward to District/Division Commander

Date received by District/Division Commander \_\_\_\_\_

Response Date \_\_\_\_\_ Decision \_\_\_\_\_

(Commander must respond within 30 calendar days)

Step 2. Date filed with Chief's Office \_\_\_\_\_

(Must be advanced within 20 calendar days)

Response Date \_\_\_\_\_ Decision \_\_\_\_\_

(Chief must respond within 20 calendar days)

Step 3. Date filed for Arbitration \_\_\_\_\_

(Within 30 calendar days of Step 2 response)

Response Date \_\_\_\_\_ Decision \_\_\_\_\_