



A Union of Professionals

**INITIAL GRIEVANCE APPEAL**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ SCHOOL/DISTRICT/ \_\_\_\_\_

FILE NUMBER \_\_\_\_\_ HOME TEL \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE GRIEVANCE OCCURRED \_\_\_\_\_

**NATURE OF THE GRIEVANCE:**

**SPECIFIC CONTRACTUAL ARTICLE(S) VIOLATED:**

**SPECIFIC REMEDY SOUGHT:**

**I SHALL BE ACCOMPANIED AT THE MEETING BY THE UFT CHAPTER LEADER OR HIS/HER DESIGNATED ALTERNATE.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**CC: UFT DISTRICT REPRESENTATIVE ❖ FAX TO 718-379-1115**

\_\_\_\_\_ (PLEASE INITIAL) **I WISH TO PROCEED TO THE NEXT LEVEL GRIEVANCE IF THIS IS NOT RESOLVED OR IF I DO NOT RECEIVE A WRITTEN DECISION WITHIN FIVE (5) WORKING DAYS.**