

# REQUEST FOR GRIEVANCE

WASHOE COUNTY EMPLOYEE'S ASSOCIATION  
Article 32 – Level 1 of W.C.E.A. Agreement

**[PLEASE PRINT OR TYPE]**

Date \_\_\_\_\_ Department \_\_\_\_\_

Name of Grievant \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Hours \_\_\_\_\_ Work Shift \_\_\_\_\_ Classification \_\_\_\_\_

Member of Association Yes  No

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Name of department involved in grievance \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Name of Department Head \_\_\_\_\_

Name of Association Employee Representative \_\_\_\_\_

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Section(s) of W.C.E.A. contract, personnel ordinance, department policy, other violation \_\_\_\_\_

Date(s) of violation: From \_\_\_\_\_ through \_\_\_\_\_

Has informal request been made of management to correct violation? Yes  No

Statement of grievance (use reverse side if necessary) \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Action requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee representative signature \_\_\_\_\_ Date \_\_\_\_\_

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

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