

**UNION GRIEVANCE FORM  
AFGE 1869**

---

*Name of Employee*

*Job title, series and  
Grade:*

*Organization*

---

*Date of incident:*

*Date submitted*

*Name of Supervisor*

**What section of the MOA, agency regulations, government wide regulations, OPM rules and regulations and/or laws apply:**

---

**Statement of Facts of Grievance**

**Name and grade of individual, if any, against which the grievance is being filed:**

**Place, date and time grievance occurred:**

**Specific incident or description of action being grieved:**

---

**Alternate Dispute Resolution Procedure (ADR): Signature of Grievant:**

---

**Relief Requested:**

---

**Signature of Grievant:**

---

**Signature of Union Representative:**

**If additional space is required, attach a detailed statement of other pertinent information to this form.**