



Buffalo Organization of Legal Services Workers

Grievance Form

1. Employee's Name: _____

2. This grievance was presented to _____
on _____ and _____
(Date) _____
replied to the grievance on _____.

3. I believe that paragraph(s) _____ of the Agreement was violated because

4. These events took place on: _____

5. To correct this situation, I am asking for the following remedy: _____

(Employee's Signature)

Date received by Executive Director: _____