

DOL/NCFLLGRIEVANCE FORM

Name of Grievant(s):	Region:
	Agency:

Name of NCFLL Representative (If Any):	Date of Alleged Violation:
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Alleged Violation(s) – Contract Article(s), Section(s), Subsection(s), Regulation(s), or Working Condition(s):

Nature and Facts of Grievance:

Remedy Desired:

Step 1 Grievance-Signature(s) of Grievant(s):	Date:
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Step 2 Grievance-Signature(s) of Grievant(s) or NCFLL Official:	Date:
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