



## Written Grievance Form

Central Vermont Healthcare United - AFT-Vermont

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DEPARTMENT:

DATE:

Grievant(s):

Steward(s):

Type(circle one):      Language      Discipline

SUPERVISOR:

*Please write one sentence for each prompt below.*

**Description of Incident:**

**This violates:**

All other relevant provisions/articles.

**What is the Remedy:**

All other appropriate relief.

Date of Step 1 Meeting:

IN ATTENDANCE: