

340 Turnpike Street - Second Floor
Canton, MA 02021-2711
(781) 821-4625
FAX #(781) 821-4445

UNIT 7 GRIEVANCE

STEP:

MNA #

TO:

FROM:

BARGAINING UNIT NAME:

STATEMENT OF GRIEVANCE:

The _____ is in violation of Article(s) _____
_____ and other relevant provisions of the Agreement by: _____

PROPOSED SOLUTION: _____

Signature _____

Date: _____

cc: Grievant(s):
MNA Chairperson(s):
MNA Staff:
Labor Specialist:

Delivered: in person mail by fax

Signature of administrator or designee _____

Date _____ Time _____