



**BEAUMONT PROFESSIONAL
FIREFIGHTERS LOCAL 399**

1307 Wall Street • Beaumont, Texas 77701
Telephone (409) 673-0348



Employee's Name: _____
Employee's Job Title/Classification: _____
Department: _____
Division: _____
Grievance Presented To: _____

STATEMENT OF GRIEVANCE: (state facts, witnesses, work assignment)

See attached for further information

RULE, POLICY, AGREEMENT, ETC. VIOLATED

See attached for further information

SPECIFIC REMEDY OR CORRECTIVE ACTION REQUESTED

See attached for further information

Signature: _____ Date: _____
(Employee)

Signature: _____ Date: _____
(Party Receiving Grievance)