



**BEAUMONT PROFESSIONAL
FIREFIGHTERS LOCAL 399**

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



Who has grievance?

Name _____ Division _____ Badge _____

Job Rank and Title _____ Shift _____

Department Seniority _____ Shift Seniority _____

Where did it happen?

Location in department (if necessary) _____

When did it happen?

Date(s) _____ Time _____ Shift _____

What happened? Describe events, including:

Member's story and explanation _____

Management's position _____

Other people involved, including their names, job titles, seniority, shift and additional useful information _____

Witnesses and their stories _____

Background information, such as previous accusations, reprimands and events that relate to this problem

Why is it a grievance?

Violation of contract clause(s)

Article _____ Section _____

Past Practice (describe fully)

Unfair Treatment (attach paper with detailed description of evidence)

Demand (what should management do so that the member does not lose rights or benefits?)

Superior's Answer _____ Date _____

Superior's Name _____ Division _____

Check One:

Agreed with position (describe what is done to correct the situation)

Refused to accept union position

Grievance dropped

Grievance referred to (give union representative's name and title)
