

**CITY OF PORTLAND/DCTU OFFICIAL GRIEVANCE FORM**

**Date Filed:**

**Bureau/Department:**

**Employee Name:**

**Employee Title:**

**Employee Work Phone:**

**Employee Home Phone:**

**Supervisor:**

**Supervisor Title:**

**Statement of the Grievance:**

**A.) Contract provision violated:**

**B.) Manner in which the contract provision is claimed to have been violated:**

**C.) Pertinent information:**

**Who was involved?**

**When did it occur?**

**Where did it occur?**

**Remedy sought?**

**Employee Signature:**

**Union Signature:**