

**MESQUITE FIRE FIGHTERS ASSOCIATION**

**GRIEVANCE FORM**

**DATE**

**GRIEVANT**

**STA.**

**SHIFT**

**AUTHORIZED UNION REP.**

**LOCAL PRESIDENT**

**DATE & TIME RECEIVED - STEWARD**

**DATE & TIME FILED WITH CITY**

**TO WHOM FILED**

**TITLE**

**BY WHOM**

**DETAILED STATEMENT OF FACTS/ Contentions of Grievant**

**CORRECTIVE ACTION REQUESTED**

\_\_\_\_\_  
**MEMBERS SIGNATURE**