

To:

## SPARKS FIREFIGHTERS LOCAL 1265 GRIEVANCE FORM

From (First and Last Name):

Rank:	Battalion:				
Grievance occurred at (location):					
Grievance occurred on:		Notice of grievance given to Union on: (Must be within 21 days of grievance)			
As a violation of the current contract between the City of Sparks and Firefighters Local 1265 and/or Past practice, Admin Rule, SOPetc)					
Explain Grievance, including supporting evidence:					
Suggested Correction:					
Suggested Correction.					
Signature of Union Official:		Signature of Grievant:			
Step 1: Date Submitted:	Received by:				
Aggrieved firefighter satisfaction?	Yes	No			
Step 2: Date Submitted:	Received by:				
Aggrieved firefighter satisfaction?	Yes	No			
Step 3: Date Submitted:	Received by:				
Aggrieved firefighter satisfaction?	Yes	No			
Step 4: Date Submitted:	Received by:				
Aggrieved firefighter satisfaction?	Yes	No			



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