



## SPARKS FIREFIGHTERS LOCAL 1265 GRIEVANCE FORM

To: \_\_\_\_\_ 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, SOP...etc)

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Explain Grievance, including supporting evidence:

Suggested Correction:

Signature of Union Official:

Signature of Grievant:

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**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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|                                     |              |
|-------------------------------------|--------------|
| <b>Step 1:</b> Date Submitted:      | Received by: |
| Aggrieved firefighter satisfaction? | Yes      No  |
| <b>Step 2:</b> Date Submitted:      | Received by: |
| Aggrieved firefighter satisfaction? | Yes      No  |
| <b>Step 3:</b> Date Submitted:      | Received by: |
| Aggrieved firefighter satisfaction? | Yes      No  |
| <b>Step 4:</b> Date Submitted:      | Received by: |
| Aggrieved firefighter satisfaction? | Yes      No  |

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**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