

ILLINOIS STATE POLICE
RC 164 CONTRACT GRIEVANCE

Grievant's Name _____ I.D. Number _____

Rank _____ Division/Work Location _____

Date dispute or difference of opinion occurred: _____ Home Phone # _____

Statement of Grievance (include facts of the complaint, Sections of the Agreement violated [if applicable] and relief requested.) Attach additional pages as needed.

Lodge Representative _____ (Signature Optional) Employee _____ (Signature)

Grievance Number _____

Date and time grievance presented to immediate non-bargaining unit supervisor _____

Step I - response to be given within ten (10) calendar days from the date the grievance was first presented.

Signature _____ Date _____

Grievant's initials _____ date _____ and time _____ acknowledging receipt of Step I response.

Signature _____ Date _____ of lodge representative requesting that the grievance be advanced to Step 11.

Step 11 - response to be given within ten (10) days of the meeting held to discuss the grievance.

Signature _____ Date _____

Signature _____ Date _____ of lodge representative requesting that the grievance be advanced to Step 11.

Step III - response to be given within ten (10) days of the meeting held to discuss the grievance.

Signature _____ Date _____