BP-85 (11/82) 03-126

FIRE DEPARTMENT
CITY OF NEW YORK

FORMAL GRIEVANCE PRESENTATION

(Use by aggrieved member only)

NAME_____ RANK_____

UNIT_____ BATT._____ DIV._____

1. Presentation Step_____ Date_____

2. Appeal to Step_____ Date_____

Step_____ Date_____

3. Describe Grievance (Date, Time, Place, Pertinent Details, Persons Concerned, Order)

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(OVER)

4. Identify CBA provisions, Regulations, Existing Policy by Article Number, Section Number, Type of Directive or Order. Please be specific.

5. What do you claim would be a fair solution to your problem? Reason?

6. Are you being represented in the presentation of this grievance by someone other than yourself? "Yes" or "No" If answer is "Yes" give:

Name and Title

7. _____

SIGNATURE OF AGGRIEVED UNIT RANK OR TITLE