

PENNSYLVANIA STATE CORRECTIONS OFFICERS ASSOCIATION

GRIEVANCE REPORT

* REQUIRED FIELD FOR FILING TO STEP 2

Grievance No.

Region _____ PSCOA Local _____

*Grievant (s) _____ *Employee No. _____
(Last Name, First Name OR Class Action)

Employer _____ COMMONWEALTH OF PENNSYLVANIA

Department _____ Job Title _____

Immediate Supervisor _____ Work Location _____

*Contact No. _____ Shift _____
(If a Class Action, enter the number for the person filing the grievance)

***ARTICLE (S) AND SECTION (S)**

STATEMENT BY GRIEVANT OR UNION
(Provide a Short Description of the Violation)

Check this box if applicable. This grievance alleges an ongoing violation of the contract. As a consequence, the Union demands payment for all further violations until compliance is achieved.

Steward's Name Grievant's Name Date Signature Date