



LOCAL 190

437 Kuhlman Drive
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Billings, MT 59105
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Step 1 Initials _____
Step 2 Initials _____
Step 3 Initials _____

CITY OF BILLINGS GRIEVANCE FORM

Grievant
Name:

Address:

City:

State:

Zip Code:

Phone #:

Date of

Grievance:

Classification:

Supervisor:

Date of Discussion

w/ Management:

Supervisor's Initials:

Nature of Dispute:

Section/s Violated, including but not limited to:

Remedy Requested:

Signature: _____ Date Signed: