

FORMAL STEP ONE:

**Must be filed within five (5) working days after the date the informal meeting concludes.*

Grievant Name: _____

Grievant Position Title: _____

Date Submitted to CAO or designee: _____

Please describe the nature of the grievance, to include the date incident occurred and contract article(s) allegedly violated. Include all relevant details, including names of individuals involved, dates, or additional support documentation. Attach additional pages if needed.

Please state the adjustment or settlement you are seeking to resolve your grievance.

Grievant or FSA Representative Signature: _____ Date: _____