**Notice: There is a 90 day statute of limitations for filing grievances

PBA GRIEVANCE FORM

PBA Grievance No. _____ Date: _____

Department Grievance No. _____

Member's Information

Name	Social Security No. - -	Shield No.	Tax No.
Address Street No.	City		Zip Code
Home Phone No.	Command	Boro	Command Phone No.

Nature of Grievance (Attach sheets if additional space is needed)	Date of Occurrence

Name of Supervisor Complained of (If Applicable)

Section of Contract, Rule or Procedure Violated

Remedy Sought: _____

Has officer agreed to participate in the grievance process? ☐ Yes ☐ No

Documentary Evidence Attached
(e.g. Memo Book, Overtime Slip, Roll Call, etc)

Union Information

Union Delegate

Action Taken by Delegate at Command Level (Include Dates)

Results:

Union Trustee

Action Taken by Trustee at Command / Boro Level (Include Dates)

Results: