

**HSS DIVISION OF SEIU LOCAL 517M
GRIEVANCE MEMO
(For Human Services Support Bargaining Unit Members)**

TO:		
FROM:		
DATE:		
SUBJECT:		
GRIEVANT:		
EMPLOYEE ID NO.:		
WORK ADDRESS:		
WORK PHONE:		
CONTRACT ARTICLES/SECTION VIOLATED (IF APPLICABLE):		
GRIEVANCE ISSUE:		
RELIEF SOUGHT:		
Grievant's Signature:		Date:
Steward's Signature:		Date:
Response Due:		