

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

National Treasury Employees Union  
**GRIEVANCE FORM - PART II**

Collective Bargaining Agreement, Article 31, Section 10

		1. DATE OF GRIEVANCE MEETING
2. FILER (EMPLOYEE NAME(S) OR UNION CHAPTER)	3. EMPLOYEE POSITION AND WORK STATION	
4. EMPLOYEE'S IMMEDIATE SUPERVISOR (NAME)		
5. EMPLOYEE'S REPRESENTATIVE (CHECK ONE)	5A. NAME OF UNION REPRESENTATIVE	
<input type="checkbox"/> SELF <input type="checkbox"/> UNION (COMPLETE 5A & 5B)	5B. UNION REPRESENTATIVE TELEPHONE NUMBER	
6. DEFINITION OF THE ISSUE (DISCUSSION TO HELP UNDERSTAND ALL ASPECTS OF THE ISSUE)		
7. <input type="checkbox"/> FILER'S <input type="checkbox"/> RESPONDENT'S INTERESTS (WHY THE FILER/RESPONDENT CARES ABOUT RESOLVING THE ISSUE. WHAT IS AT STAKE FOR THE FILER'S RESPONDENT'S GOALS OR NEEDS.)		
8. SOLUTION CRITERIA (QUALITIES OF AN ACCEPTABLE SOLUTION FOR FILER/RESPONDENT)		
9. PROPOSED ALTERNATIVES (AT LEAST TWO SOLUTIONS SATISFYING FILER'S/RESPONDENT'S INTERESTS AND CRITERIA IN 7 AND 8 ABOVE.)		
10. EMPLOYEE SIGNATURE		
11. NTEU REPRESENTATIVE SIGNATURE		
12. RESPONDENT SIGNATURE		