

U.S. Postal Service  
**Grievance Summary - Step 1**

1. Grievant's Name *(Last, First and Middle Initial)*

Forward the original of this form to your Step 2 Management Official. Complete Items 1 through 12 and 21. If grievance is denied, complete Items 13 through 20. If additional space is required, continue on reverse. See Handbook EL-921, Supervisor's Guide to Handling Grievances.

2. Facility	3. Craft	4. Grievant's Title	
5. Date of Step 1 Meeting		6. Was Grievance Timely at Step 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Date of Step 1 Answer
a. Incident	Step 1 Meeting		

9. Issue *(Complaint or alleged violation)*

10. Remedy Requested *(Specify requirements to resolve grievance)*

11. Decision *(Check one)*     Sustained     Settled     Denied     Closed     Withdrawn     Other *(Specify)*

12. Reasons for Decision

13. Grievance Data					14. Craft or Relevant Seniority Date
a. Level	b. Step	c. Tour	d. Section	e. Pay Location	

15. Check One     FTR     PTR     PTF     Rural Designation Code \_\_\_\_\_

16. Off Days    17. Work Schedule

18. Background *(State all relevant information and attach all supporting documents)*

19. Management's Position

20. Union's Position

21. a. Management Official <i>(Name and Title)</i>	21.b. TEL <input type="checkbox"/> PEN <input type="checkbox"/> Com	21. c. Signature
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