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ANCHORAGE MUNICIPAL EMPLOYEES ASSOCIATION Inc.

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AMEA STEP ONE GRIEVANCE FORM

Please fill out this form with the information pertinent to the identified contract violation and return to an AMEA Steward.

Name of the Complainant:

Department:

Date of alleged violation(s):

Article(s) and Section(s) of the contract violated:

Nature of the grievance and the specific circumstances out of which it arose:

Remedy requested:

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence AMEA deems relevant.

AMEA Representative Signature:

Date: