

DEPUTY SHERIFF'S ASSOCIATION/BEXAR COUNTY  
CONTRACT GRIEVANCE FORM

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Case Number \_\_\_\_\_

GRIEVANCE SUBMITTAL (STEP 1)

Members must use this form for filing Collective Bargaining Agreement contract grievances with the DSABC Grievance Committee and subsequent steps of the contract dispute procedure

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NAME	TITLE	DIVISION	SHIFT	PHONE
Karl Brehm, Attorney	1939 NE Loop 410 Suite#210 SA.,TX 78217			210-826-1899
UNION REPRESENTATIVE	ADDRESS			PHONE

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1. STATE IN DETAIL THE INCIDENT CAUSING THIS GRIEVANCE AND THE FACTS ON WHICH IT IS BASED: (Include date, time and place; management officials include; witnesses if any. If more space is needed, continue on a separate sheet of paper or a use of supplement form.)

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2. SECTION OR ARTICLE OF THE CONTRACT THAT HAS BEEN VIOLATED: (Use supplement form if necessary.)

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3. IF A PAST PRACTICE IS ALLEGED, STATE IN REASONABLE DETAIL A DESCRIBTOP OF THE PAST PRACTICE: (Use supplement form if necessary.)

4. Remedy or adjustment sought: (Use supplement form if necessary.)

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5. MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSOCIATION PRESIDENT  
SIGNATURE: (IF APPLICABLE) \_\_\_\_\_ DATE: \_\_\_\_\_

SHERIFF DESIGNEE  
SIGNATURE \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

BEXAR COUNTY MANAGER/  
DESIGNEE SIGNATURE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

DSABC GRIEVANCE COMMITTEE  
SIGNATURE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

ROUTE TO:       ASSOCIATION PRESIDENT       COUNTY MANAGER       SHERIFF'S OFFICE       EMPLOYEE/ASSOC. REPRESENTATIVE

