

**Negotiated Grievance Form for Fellows****(NIH Fellows United/UAW)**

OMB Number: 0925-0783

Expiration Date: 30 November 2027

Burden Time: 15 minutes

<b>Grievance Type</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Institutional	
<b>Grievant Type</b>	<input type="checkbox"/> Fellow	<input type="checkbox"/> Union	<input type="checkbox"/> Agency
<b>Name of Grievant</b>	(First)	(Middle)	(Last)
<b>Grievant Contact Information</b>	(Email)	(Phone)	
<b>Award/Appointment Type</b>	<input type="checkbox"/> IRTA/CRTA	<input type="checkbox"/> Visiting Fellow	<input type="checkbox"/> FTE Fellow
<b>Training Level</b>	<input type="checkbox"/> Post baccalaureate	<input type="checkbox"/> Pre-doctoral	<input type="checkbox"/> Post-doctoral
<b>Institute/Center (IC)</b>			
<b>Supervisor</b>	(First)	(Last)	
<b>Supervisor Contact Information</b>	(Email)	(Phone)	
<b>Grievant Designated a Labor Organization Representative?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Personal Representative
<b>Labor Org Rep Name (when applicable)</b>	(First)	(Last)	
<b>Labor Org Rep Title (when applicable)</b>		<input type="checkbox"/> Officer	<input type="checkbox"/> Steward
<b>Labor Org Rep Contact Information (when applicable)</b>	(Email)	(Phone)	
<b>Personal Representative Contact (when applicable)</b>	(Name)	(Email)	(Phone)
<b>Is the personal rep an employee of DHHS?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Alleged Violation</b>	<input type="checkbox"/> CBA	<input type="checkbox"/> Statute	<input type="checkbox"/> Other
<b>CBA Article Violation Information</b>		<b>Other Violation Information</b>	
<b>Date of Alleged Violation</b>		<b>Date Grievant became aware</b>	
<b>Description of alleged violation</b> (Please provide as much detail as possible, including who, what, when, where, why, and how an incident occurred.)			
<b>Remedy Requested</b>			
<b>Grievant Signature</b>		<b>Date</b>	
<b>Labor Org Rep Signature (when applicable)</b>		<b>Date</b>	
Please attach any additional evidence or documentation relevant to this grievance.			

The information requested in this form is authorized to be collected pursuant to Privacy Act of 1974 (5 U.S.C. § 552a). Providing the requested information is voluntary, however, declining to provide any or all of the requested information may preclude the processing of your grievance. The principal purpose for which the information will be used is to carry out personnel management responsibilities, including the proper disposition of government information and property. The information you provide will be included in the Privacy Act system of records, and will be used and may be disclosed for the purposes and routine uses described and published in the following System of Records Notice (SORN): OPM/GOVT-1, OPM/GOVT-5, 09-90-0020, 09-25-0014, 09-25-0108, 09-25-0140, 09-25-0158, 09-25-0165.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-####). Do not return the completed form to this address.