



# GRIEVANCE FORM

Filed With Employer on: \_\_\_/\_\_\_/\_\_\_

Filed at Step: 1 2 3

Steward: \_\_\_\_\_

## MEMBER INFORMATION

Member's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: w) \_\_\_\_\_

h) \_\_\_\_\_

c) \_\_\_\_\_

Fax: \_\_\_\_\_

Shift: \_\_\_\_\_  FT  PT

Date of Hire: \_\_\_/\_\_\_/\_\_\_

## GRIEVANCE INFORMATION

Statement of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Occurrence or Knowledge: \_\_\_/\_\_\_/\_\_\_

Articles/Provisions violated: All relevant provisions of the collective bargaining agreement including but not limited to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy: Make the Union whole including but not limited to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE SIGN

Signature of Member: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For the Union: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_