



Local 689

### USW Local 689 Grievance Form

#### P&T Unit

DATE OF VIOLATION: \_\_\_\_\_ Time: \_\_\_\_\_

DIVISION NO.: \_\_\_\_\_ GRIEVANCE NO.: \_\_\_\_\_

AGGRIEVED EMPLOYEE(S): \_\_\_\_\_ BADGE: \_\_\_\_\_

OTHERS INVOLVED: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_

VIOLATION OF ARTICLE/SECTION: \_\_\_\_\_

\_\_\_\_\_

1<sup>ST</sup> Step: HEARD \_\_\_ ANSWERED \_\_\_ SUPERVISOR \_\_\_\_\_

Company Answer:

Steward: \_\_\_\_\_ Steward's Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Extension: \_\_\_\_\_

ACCEPT  APPEAL

Committeeperson: \_\_\_\_\_ Date: \_\_\_\_\_

Committeeperson Signature: \_\_\_\_\_