

GRIEVANCE REPORT

DATE		LOCAL NUMBER	GRIEVANCE NUMBER
MEMBER'S NAME			CLOCK NUMBER
COMPANY			
DEPARTMENT		SUPERVISOR	
WHEN DID GRIEVANCE OCCUR? DATE (on or about)			TIME
GRIEVANCE REPORT	TED BY		
COMPLAINT		and any other prov	n of Article (s)
REMEDY REQUESTED			
REGOLITED			
	the incident(s) be rectified, that	proper compensation, inc	esist from violating the Collective Bargaining Agreement, that cluding benefits and overtime, at the applicable rate of pay, made whole in every respect, including interest on any monies
	SIGNATURE FOR THE	UNION	SIGNATURE FOR THE COMPANY
	SIGNATURE FOR THE	LINION	SIGNATURE FOR THE COMPANY

GRIEVANCE PROCEDURE

FIRS	ST STEP			
		DATE SUBMITTED		STEWARD
	ANSW/FR			
	ANSWER			
				SIGNATURE OF COMPANY OFFICIAL
	SETTLEMENT	SATISFACTORY: YES 🗆 NO 🗆	DATE _	
SECO	ND STEP			
		DATE SUBMITTED		STEWARD
	answer			
				CONTINE OF COMPANY OFFICIAL
				SIGNATURE OF COMPANY OFFICIAL
	SETTLEMENT	SATISFACTORY: YES 🗆 NO 🗆	DATE	
THIE	RD STEP			
		DATE SUBMITTED		STEWARD
	ANSWER			
				SIGNATURE OF COMPANY OFFICIAL
	CETTI EL IEL IT	CONTROL CTORY VEG TO NO T	D.175	
	SETTLEMENT	SATISFACTORY: YES 🗆 NO 🗆	DAIE _	
FOU	RTH STEP			
		DATE SUBMITTED		STEWARD
	answer			
				CICALATURE OF COMPANIA OFFICIAL
				SIGNATURE OF COMPANY OFFICIAL
	SETTLEMENT	SATISFACTORY: YES 🗆 NO 🗆	DATE	
العم ا				
AKBI	TRATION	DATE CLIDARITIED TO APPITE TO A		
		DATE SUBMITTED TO ARBITRATION		
		NAME OF ARBITRATOR		
	DECISION (DE ARBITRATOR (attach copy)		
	DECIDION	or and the transfer copy)		
			DATE	