



Local 9187 – District 1

United Steelworkers Local 9187

116 Cleveland Ave NW, Suite 307 Canton, Ohio 44702
PO Box 20349 Canton, Ohio 44701

Potential Grievance Report Form

(To be filled out by the member and attached to the blue Union Fact Sheet only)

Date: ___/___/___
(of Incident)

Time: ___ : ___ AM / PM
(of Incident)

Name: _____ Job Classification: _____

Division: Child Support Children Services Human Services
(Circle One)

Phone Number: (____)-____-____ Email: _____@_____

Described what happened (please use the back for additional information):

What article and section of the contract was violated that makes you believe a contract violation has taken place (Article #, Section #)?

Signature: _____ Date: _____

Received By: _____

Date: ___/___/___

Time: ___ : ___ AM / PM