



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 REPORTED BY

COMPLAINT

The Union charges the Company with a specific violation of Article (s) _____ and any other provisions of the Agreement that may be found to apply.

STATE WHAT HAPPENED:

REMEDY REQUESTED

plus the Union demands that the Company cease and desist from violating the Collective Bargaining Agreement, that the incident(s) be rectified, that proper compensation, including benefits and overtime, at the applicable rate of pay, be paid for all losses; and further that those affected be made whole in every respect, including interest on any monies owed.

SIGNATURE FOR THE UNION

SIGNATURE FOR THE COMPANY

SIGNATURE FOR THE UNION

SIGNATURE FOR THE COMPANY



GRIEVANCE PROCEDURE

FIRST STEP

DATE SUBMITTED _____

STEWARD _____

ANSWER _____

SIGNATURE OF COMPANY OFFICIAL _____

SETTLEMENT SATISFACTORY: YES ☐ NO ☐

DATE _____

SECOND STEP

DATE SUBMITTED _____

STEWARD _____

ANSWER _____

SIGNATURE OF COMPANY OFFICIAL _____

SETTLEMENT SATISFACTORY: YES ☐ NO ☐

DATE _____

THIRD STEP

DATE SUBMITTED _____

STEWARD _____

ANSWER _____

SIGNATURE OF COMPANY OFFICIAL _____

SETTLEMENT SATISFACTORY: YES ☐ NO ☐

DATE _____

FOURTH STEP

DATE SUBMITTED _____

STEWARD _____

ANSWER _____

SIGNATURE OF COMPANY OFFICIAL _____

SETTLEMENT SATISFACTORY: YES ☐ NO ☐

DATE _____

ARBITRATION

DATE SUBMITTED TO ARBITRATION _____

NAME OF ARBITRATOR _____

DECISION OF ARBITRATOR (*attach copy*) _____

DATE _____