

USW Local 689 Grievance Form  
Division \_\_\_\_\_

FAX NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

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

BUILDING \_\_\_\_\_ SUPERVISOR/FOREMAN \_\_\_\_\_

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

NATURE OF GRIEVANCE

VIOLATION OF ARTICLE/SECTION \_\_\_\_\_  
AND ANY OTHER PROVISIONS OF THE AGREEMENT THAT MAY APPLY.

STATE WHAT HAPPENED: DATE OF VIOLATION \_\_\_\_\_ TIME \_\_\_\_\_ SHIFT \_\_\_\_\_

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\_\_\_\_\_

1ST STEP: HEARD \_\_\_\_\_ ANSWERED \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

COMPANY ANSWER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCEPT  APPEAL  STEWARD SIGNATURE \_\_\_\_\_

STEWARD \_\_\_\_\_ FAX NO. \_\_\_\_\_

EXT. NO. \_\_\_\_\_ Mail STOP \_\_\_\_\_