



USW LOCAL 1-689 GRIEVANCE FORM

DATE OF VIOLATION: _____ TIME: _____

DIVISION NUMBER: _____ GRIEVANCE NUMBER: _____

AGGRIEVED EMPLOYEE(s): _____ BADGE: _____

OTHERS INVOLVED: _____

FRONT LINE MANAGER: _____

VIOLATION OF ARTICLE(s): _____

ANSWERED DATE: _____ SUPERVISOR: _____

COMPANY ANSWER: _____

STEWARD: _____ STEWARD'S SIGNATURE: _____

EMAIL: _____ PHONE: _____

ACCEPT APPEAL

DIVISION REP: _____ DATE: _____

DIVISION REP SIGNATURE: _____