

Grievance Form

Local:

Building Location:

Steward:

Grievance Number:

1. Who has the Grievance:

Name:

Department:

Job Class & Title:

Seniority:

N.C.S.:

2. Where did it happen?

Location:

3. When did it happen?

Date:

Time:

Shift:

4. What happened? Describe events including:

Member's story and explanation:

Management position:

Other people involved including their names, job titles, seniority, shift, and additional useful information:

Witnesses and their stories:

Background information, such as previous accusations, reprimands, and events that relate to this problem:

5. Why is this a grievance?

Violation of contract clause(s)

Article:

Section:

Past practice (Describe fully):

Unfair treatment (Attach paper with detailed description of evidence):

6. Remedy: (What should management do so the member does not lose rights or benefits?):

7. Supervisor's Answer:

Date:

Supervisors Name:

Department:

During grievance meeting management: (check one)

Agreed with Union position (describe what supervisor did to correct situation)

Refused to accept Union position

Date:

Check One:

Grievance closed. Date:

Grievance referred to: (Local President) Date:

Describe company answer completely:

Management person to whom grievance should be appealed:

Name and work location of steward: