

GRIEVANCE REPORT

DATE	LOCAL NUMBER	GRIEVANCE NUMBER	
MEMBER'S NAME		CLOCK NUMBER	
COMPANY			
DEPARTMENT	SUPERVI	SOR	
WHEN DID GRIEVA	NCE OCCUR? DATE (on or about)	TIME	
GRIEVANCE REPOR	TED 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
SETTLEMEN ⁻	T SATISFACTORY: YES □	NO 🗆	DATE
THIRD STEP			
THIRD STEP	DATE SUBMITTED		STEWARD
ANSWER			
ANSWER _			
			SIGNATURE OF COMPANY OFFICIAL
			SIGNATURE OF COMPANT OFFICIAL
SETTLEMEN ⁻	T SATISFACTORY: YES □	NO □	DATE
FOURTH STEP	DATE SUBMITTED		STEWARD
	DATE SUBMITTED		SILWARD
ANSWER			
			SIGNATURE OF COMPANY OFFICIAL
SETTI EMENT	Γ SATISFACTORY: YES □	NO □	DATE
SETTLEMEN	I SATISTACTORT. TES [но 🗆	DATE
ARBITRATION			
I	DATE SUBMITTED TO ARBITE	RATION	
_	NAME OF ARBITRATOR		
DECICION O	AE ADRITDATOD (attach access	`	
DECISION O	F ARBITRATOR (attach copy)	
- <u></u>			
			DATE

UNION USWA LABEL