



# GRIEVANCE FORM

Please Print:

Grievant's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Union Steward \_\_\_\_\_

Union Representative \_\_\_\_\_

**State the exact nature of your complaint:**

On or about (Date) \_\_\_\_\_, my rights were violated under Article \_\_\_\_\_ (Article Description) \_\_\_\_\_, and any other applicable article under the Collective Bargaining Agreement.

**Brief description:**

\_\_\_\_\_

**Request for settlement:**

The Union demands that the grievant be made whole. \_\_\_\_\_

I believe that to the best of my knowledge, the above to be true.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Copies to Manager, Steward, Grievant, and Union Representative

**Outcome of grievance:**

- Deny
- Withdrawn
- Settlement (list below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_