



GRIEVANCE REPORT

DATE _____ LOCAL NUMBER _____ GRIEVANCE NUMBER _____

MEMBER'S NAME _____ CLOCK NUMBER _____

COMPANY _____

DEPARTMENT _____ SUPERVISOR _____

WHEN DID GRIEVANCE OCCUR? DATE (on or about) _____ TIME _____

GRIEVANCE REPORTED 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