 MAKE THREE (3) COPIES

# GRIEVANCE REPORT

USW Local Union No.: Click here to enter #. Grievance No.: Click here to enter #.

Location: Click here to enter text. Date: Click here to enter a date.

Employee’s Name: Click here to enter text. Identification No.: Click here to enter #.

Department: Click here to enter text. Job Title: Click here to enter text.

Use space below to write in other important grievance information:

Click here to enter text.

Nature of Grievance:

Click here to enter text.

Settlement requested in Grievance:

Click here to enter text.

Agreement Violation:

Click here to enter text.

Signature of Aggrieved:

(print and sign)

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Signature of Union Representative:

(print and sign)

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Answer of Company Representative: Date: Click here to enter a date.

Click here to enter text.

Answer of Company at next step: Date: Click here to enter a date.

Click here to enter text.

Answer of Company at next step: Date: Click here to enter a date.

Click here to enter text.

Answer of Company at next step: Date: Click here to enter a date.

Click here to enter text.

Union Comments:

Click here to enter text.

Signature of Union Representative

(print and sign)

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