

GRIEVANCE FORM

Name of grieving member \_\_\_\_\_

Dept. \_\_\_\_\_ Dept. Steward \_\_\_\_\_  
(Signature)

Briefly state your grievance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a direct violation of your contract? Yes or NO \_\_\_\_\_

If so; what clause? \_\_\_\_\_

1<sup>ST</sup> GRIEVANCE STEP

Dept. Steward \_\_\_\_\_ Date \_\_\_\_\_

Member/Grievant \_\_\_\_\_ Supervisor \_\_\_\_\_

Disposition \_\_\_\_\_  
\_\_\_\_\_

2<sup>ND</sup> GRIEVANCE STEP

Chief Steward \_\_\_\_\_ Date \_\_\_\_\_

Dept. Steward \_\_\_\_\_ Member/Grievant \_\_\_\_\_

Management Official \_\_\_\_\_

Disposition \_\_\_\_\_  
\_\_\_\_\_

3<sup>RD</sup> GREIVANCE STEP

Business Representative \_\_\_\_\_ Date \_\_\_\_\_

Chief Steward \_\_\_\_\_ Dept. Steward \_\_\_\_\_

Management Official \_\_\_\_\_

Disposition \_\_\_\_\_  
\_\_\_\_\_