

NAME OF COMPANY \_\_\_\_\_

1. GRIEVANCE OCCURRED (A) \_\_\_\_\_ DATE \_\_\_\_\_ (B) \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

2. GRIEVANCE FILING TIME LIMIT EXPIRES \_\_\_\_\_ DATE \_\_\_\_\_ APPEAL TIME LIMIT EXPIRES \_\_\_\_\_ DATE \_\_\_\_\_

3. GRIEVING EMPLOYEE OR WORK GROUP INVOLVED (A) \_\_\_\_\_ EMPLOYEE OR WORK GROUP \_\_\_\_\_

(B) \_\_\_\_\_ (C) ( ) \_\_\_\_\_ (D) ( ) \_\_\_\_\_  
EMPLOYEE'S HOME ADDRESS ZIP CODE HOME PHONE # WORK PHONE #

(E) \_\_\_\_\_ (F) \_\_\_\_\_  
DEPARTMENT JOB TITLE

(G) \_\_\_\_\_ (H) \_\_\_\_\_ (I) \_\_\_\_\_  
SENIORITY DATE TIME-IN-TITLE-DATE RATE OF PAY

4. UNION'S STATEMENT OF WHAT HAPPENED (USE OTHER SIDE IF NECESSARY) \_\_\_\_\_

5. SPECIFIC BASIC OF GRIEVANCE OR ARTICLE (S) OF CONTRACT INVOLVED \_\_\_\_\_

6. \_\_\_\_\_ STEWARD (2ND LEVEL) \_\_\_\_\_ STEWARD (3RD LEVEL) \_\_\_\_\_

7. COMPANY'S POSITION (EXPLAIN FULLY & IF NECESSARY, USE OTHER SIDE) \_\_\_\_\_

8. UNION'S POSITION AND PROPOSED SETTLEMENT (USE OTHER SIDE IF NECESSARY) \_\_\_\_\_

9. \_\_\_\_\_ LEVEL MEETING HELD \_\_\_\_\_ RECESSED / /YES / / NO \_\_\_\_\_  
DATE DATE OF ANSWER

10. COMPANY REPRESENTATIVE \_\_\_\_\_ UNION REPRESENTATIVE \_\_\_\_\_

11. DISPOSITION: / /RECESSED / /SETTLED / / APPEALED / / DROPPED DATE: \_\_\_\_\_

NOTE: ATTACH ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL-COPY OF THIS FORM MUST ACCOMPANY ANY APPEALED GRIEVANCE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_