



FILL OUT IN TRIPLICATE

GRIEVANCE REPORT

USW Local Union #: _____

Grievance #: _____

Location: _____

Date: _____

EMPLOYEE'S NAME	IDENTIFICATION NO.	DEPARTMENT	JOB TITLE
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Use space below to write in other important grievance information:

Nature of Grievance:

Settlement Requested in Grievance: _____

Agreement Violation: _____

Signature of Aggrieved:

Signature of Union Representative:

GRIEVANCE CASE #: _____

Answer of Company Representative:

Date: _____

Answer of Company at next step:

Date: _____

Answer of Company at next step:

Date: _____

Answer of Company at next step:

Date: _____

Union Comments: _____

Signature of Union Representative