

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 _____

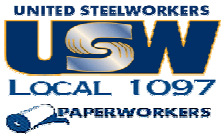
Plus the Union demands that the Company cease and desist from violating the Collective Bargaining Agreement, that the incident(s) be rectified, that proper compensation, including benefits and overtime, at the applicable rate of pay, be paid for all losses; and further that those affected be made whole 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



GRIEVANCE PROCEDURE

FIRST STEP _____

DATE SUBMITTED

SHOP STEWARD

ANSWER _____

SETTLEMENT SATISFACTORY YES ___ NO ___

SIGNATURE OF COMPNAY OFFICIAL

SECOND STEP _____

DATE SUBMITTED

SHOP STEWARD

ANSWER _____

SETTLEMENT SATISFACTORY YES ___ NO ___

SIGNATURE OF COMPNAY OFFICIAL

THIRD STEP _____

DATE SUBMITTED

SHOP STEWARD

ANSWER _____

SETTLEMENT SATISFACTORY YES ___ NO ___

SIGNATURE OF COMPNAY OFFICIAL

FOURTH STEP _____

DATE SUBMITTED

SHOP STEWARD

ANSWER _____

SETTLEMENT SATISFACTORY YES ___ NO ___

SIGNATURE OF COMPNAY OFFICIAL

ARBITRATION _____

DATE SUBMITTED TO ARBITRATION

NAME OF ARBITRATOR

DATE

DECISION OF ARBITRATOR (attach copy)