

Sample Grievance Report Form

DATE MEMBER'S NAME EMPLOYER

HOME PHONE HOME ADDRESS

DATE OF HIRE CLASSIFICATION OR JOB TITLE DEPARTMENT

TYPE OF GRIEVANCE (CHECK):

DISCHARGE DATE _____ WAGE CLAIM DATE _____

SUSPENSION DATE _____ WORKING CONDITIONS DATE _____

WARNING LETTER DATE _____ OTHER DATE _____

HAS GRIEVANCE BEEN DISCUSSED WITH SUPERVISOR? YES NO

DATE IF NO, STATE REASON

HAS GRIEVANCE BEEN DISCUSSED WITH SHOP STEWARD? YES NO

DATE IF, NO STATE REASON

STEWARD'S NAME _____

SUPERVISOR'S NAME _____

WITNESSES' NAMES (IF APPLICABLE) _____

CONTRACT ARTICLES VIOLATED *and any other relevant articles of the contract.*

FACTS OF THE CASE
(MEMBERS SHOULD RECORD HERE THE CIRCUMSTANCE OF THE GRIEVANCE MAY USE BACK.)

REMEDY ASKED *and all other benefits to which the grievant is entitled.*

STEWARD'S SIGNATURE

MEMBER'S SIGNATURE