



GRIEVANCE FORM

District Council _____ Local Union _____

Grievant (s) _____ Grievant ID # _____

Employer _____ Department _____

Job Title _____ Supervisor _____ Work Location _____

VIOLATION	Article #	Section #
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STATEMENT BY GRIEVANT OR UNION

RELIEF OR REMEDY SOUGHT

<i>Steward Signature</i>	<i>Date</i>	<i>and/or</i>	<i>Employee Signature</i>	<i>Date</i>
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MANAGEMENT ANSWER

Step # 1 _____

Signature _____ Date _____

Step # 2 _____

Signature _____ Date _____

Step # 3 _____

Signature _____ Date _____

Step # 4 _____

Signature _____ Date _____