



Employee Info-

Name: _____ Employee # _____

Phone #: _____ Seniority Date: _____

Address: _____

Complaint Nature-

Applicable Contract Provision(s): _____ Date of Claimed Violation: _____

Remedy Sought: _____

Supervisor Contacted: _____ Date: _____

Case Facts- (please give complete details)

Steward Signature

Date

Employee Signature

Date

Company Response to Grievance-

Company Representative Name/Signature

Date