



GRIEVANCE FORM

DATE _____ OFFICE FILE NO. _____

Member's Name _____ Home Phone () _____

Home Address _____ City _____ Zip _____

Employer _____ Dept. Admin./Manager _____

Department _____ Work Phone () _____

STATEMENT OF CONTRACT VIOLATION Please include article, section, paragraph, and page number from the Collective Bargaining Agreement.

SETTLEMENT DESIRED _____

SIGNATURE OF EMPLOYEE _____

UNION REPRESENTATIVE/STEWARD _____

FILED WITH EMPLOYER YES _____ NO _____