

GRIEVANCE NUMBER:

G _____ - _____

STATUS

CODE: _____

WORK

LOCATION: _____

GRIEVANT INFORMATION

LAST NAME: _____

WORK # : _____

FIRST NAME: _____

BEEPER # : _____

SS #: _____ - _____ N.C.S.D.: _____

HOME # : _____

JOB TITLE: _____

PAY RATE: _____

STATEMENT OF FACTS:

GRIEVANCE TITLE:

POSSIBLE REMEDY:

APPLICABLE CONTRACT ARTICLE >
OR LETTER OF AGREEMENT >

DATE PRESENTED: _____ MGMT. NOTIFIED: _____

LOCATION: _____ TEL. #: _____

DATE HEARD: _____

UNION PRESENT: _____ CHIEF: _____

COMPANY PRESENT: _____

COMPANY POSITION:

UNION POSITION:

APPEAL TO 2ND STEP ? _____ (YES or NO)

DATE: _____ BY: _____

DATE FAXED: (654-1057) _____

VERIFIED BY: _____