

# OFFICIAL UNION GRIEVANCE FORM

Grievance Number

Name of Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
(Include Area Code)

Name of Local Union \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Statement of Grievance:** List what happened, where, when, why. Also, any contract violation.

**Adjustment or Settlement Requested:** (To be completed by Union)

I authorize the Union to act for me in the disposition of this grievance and authorize the employer to release any information requested by the Union regarding this grievance.

X \_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_\_  
Signature of Grievant Signature of Local Union Representative Date

Name of Employer Representative who handled the grievance at the following steps:

**Verbal Step** \_\_\_\_\_ **1st Written Step** \_\_\_\_\_ **2nd Written Step** \_\_\_\_\_

**Employer's Answer to 1st Written Step:** if grievance is denied, give reasons and proofs.

Grievance Number

**Employer's Answer to 2nd Written Step:**

X \_\_\_\_\_  
Signature of Employer Representative

NOTICE TO LOCAL UNION — Make 3 Copies: (1) Employer, (2) Union, (3) Local Union.  
Be sure to send all proofs and evidence to the Union office along with Grievance.

