Grievance Number

GRIEVANCE REPORT

Local Number: _____________________________ Employer: _____________________________

Time and Date of Grievance _____________________________

Department _____________________________ Location of Violation: _____________________________

Articles of the contract (or policy/past practice) that have been violated include:

________________________

and all other relevant provisions of the collective bargaining agreement.

Description of Grievance: The Company has violated and/or continues to violate the collective bargaining agreement by the following:

________________________

Remedy requested: _____________________________

________________________

and any other Relief the Arbitrator deems necessary and proper.

Steward: _____________________________

Steward’s Signature: _____________________________ Date of Grievance Meeting _____________________________

Date of Disposition: _____________________________

Disposition of Grievance: _____________________________

Local President _____________________________