



GRIEVANCE REPORT



Grievance Number(s): _____ Local _____

Company # _____ Union # _____ Union Representative: _____ Union No.: _____

Grievant Name: _____ Title: _____

SSN: _____ Business Unit: _____

Service Date: _____ Work Location: _____

Grievance Description: _____ Grievance Type: _____ Date of Occurrence or Action: _____
(Shaded areas for Company use)

Union Notification:

Verbal Written Date: _____ To: _____ By: _____

Nature of Grievance: (Contract Information: Article / Exhibit: _____ Section / Appendix: _____ Page: _____)

Union Position (Remedy):

Company Position:

1st Step – Grievance Review / Discussion:

Meeting: Date: _____ Management _____
Time: _____
(name) (title)

Company response prepared by: _____
(initials)

1st Step Disposition: Settled Denied * Recessed to: _____
(Date)

* By mutual agreement, a grievance may be recessed or placed "on hold" for a pre-determined period of time.

Note: Any settlement offers, either by the Union or the Company, shall be noted and recorded at the appropriate step.

Official File Copy, If Checked in Red

