

**GRIEVANCE FORM**

File # \_\_\_\_\_

Employer \_\_\_\_\_

Grievor \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Grievance Occurred \_\_\_\_\_ Contract Violation \_\_\_\_\_

Date and Time Discussed With Supervisor/Manager \_\_\_\_\_

Step 1 - Particulars of Grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steward or Union Representative Signature \_\_\_\_\_

Grievor signature \_\_\_\_\_

Adjustment Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received at Step 1 by \_\_\_\_\_

Step 1 Reply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reply - Satisfactory

Unsatisfactory

(over)

Referred to Step 2 \_\_\_\_\_ Date \_\_\_\_\_

Name & Title

Step 2 Reply \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Reply - Satisfactory  Unsatisfactory

Referred to Step 3 \_\_\_\_\_ Date \_\_\_\_\_

Name and Title

Step 3 Reply \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Settled

Referred to Arbitration

Date \_\_\_\_\_