

LOCAL



Grievance Form

Union Number: _____

Company Number: _____

Chief Steward Name: _____ Number: _____

275 Seventh Avenue New York, NY 10001

(212) 633-2666 FAX (212) 633-8337 Tape (212) 633-6753

TITLE: _____

Company: _____ District Manager: _____ FAX Number: _____

Grievant: Name: _____ Title: _____ Soc. Sec. #: _____

NCSD: _____ Work Loc.: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Grievance: Contract Article: _____ Date of Occurrence: _____

Date Filed: _____ Presented To: _____

Steward Name: _____ Tel. Number: _____

First Step: Date: _____

Present: _____

Union: _____ Company: _____

Outcome: Hold Sustained Mutually Resolved

Denied Withdrawn Without Prejudice

Recommend: No Further Action Appeal To Next Step

Second Step: Date: _____

Present: _____

Union: _____ Company: _____

Outcome: Hold Sustained Mutually Resolved

Denied Withdrawn Without Prejudice

Recommend: No Further Action Appeal To Next Step

Third Step: Date: _____

Present: _____

Union: _____ Company: _____

Outcome: Hold Sustained Mutually Resolved

Denied Withdrawn Without Prejudice

Recommend: No Further Action Appeal To Arbitration