

LOCAL



Grievance Form

UNION NUMBER: _____

COMPANY NUMBER _____

CHIEF STEWARD NAME _____ NUMBER: _____

350 West 31st Street, 2nd Fl New York, NY 10001
(212) 633-2666 FAX (212)633-8337 Tape (212) 633-6753

TITLE: _____

Company: District Manager _____ FAX Number: _____

Grievant: Name: _____ Title: _____ Social Security: _____

NCSD: _____ Work Loc: _____ Work Phone: (____) _____

Home Address: _____ Personal Cell Phone: (____) _____

Grievance: Contract Article: _____ Date of Occurrence: _____

Date Filed: _____

Steward: Name: _____ Tel. Number: (____) _____

First Step: Date: _____

Present:

Union: _____ Company: _____

Outcome:

Recommend: No Further Action Appeal to second step

Second Step: Date: _____

Present:

Union: _____ Company: _____

Outcome:

Recommend: No Further Action Appeal to third step

Third Step: Date: _____

Present:

Union: _____ Company: _____

Outcome:

Recommend: No Further Action Appeal to Arbitration