

Employee Grievance Form

Grievance No.: _____ Date of Grievance: _____ Company: _____

Grievance Status: Step 1 Step 2 Step 3

Employee: _____ Hire Date: _____ Position: _____

Steward: _____ Department: _____

Manager/Supervisor: _____

Nature of Grievance

Requested Settlement

I, as an employee covered by a collective bargaining agreement with the United Industrial, Service, Transportation, Professional and Government Workers of North America ("Union"), grant the Union and its delegated representative(s) the authority to present, negotiate and bargain on my behalf regarding this grievance.

I understand that I shall be bound by the disposition made by the Union of said grievance and I certify that the above information is true and correct and I have provided this information with the understanding that the Union will rely on the information for the purposes of this grievance.

Employee Signature: _____ Date Signed: _____

UIW Representative Signature: _____ Date Signed: _____



