



FILL OUT IN TRIPLICATE

GRIEVANCE REPORT

USW Local Union No. _____

Grievance No. _____

Location _____

Date _____

Employee Name	Identification No.	Department	Job Title

Use the space below to write in other important Grievance information

Nature of Grievance

Settlement requested in Grievance _____

Plus the Union requests that the grievant(s) be made whole in every respect, including interest on any monies owed.

Agreement Violation _____

Signature of Aggrieved:

Signature of Union Representative:
