





\_\_\_Past Practice (describe fully)

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\_\_\_Just Cause (describe fully)

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\_\_\_Disparate Treatment (describe fully)

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\_\_\_Unfair Practice / Unfair Treatment (describe fully)

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**The Union reserves the right to add to, delete from, or otherwise modify this grievance.**

**Demand** (What should management do to remedy the situation?)

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**Supervisor's Answer**

Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

- Agreed with initial Union position
- Compromise settlement reached
- Refused to accept Union position

Describe Company answer or settlement completely: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**Disposition** of Grievance

Grievance closed

Date: \_\_\_\_\_

Grievance appealed

Date appeal letter sent: \_\_\_\_\_

(To be filled in by Local Office)

**Company Director** to whom grievance should be appealed: \_\_\_\_\_

**Steward/Representative Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_