



Grievance Number

GRIEVANCE REPORT

Local Number:

Employer:

Time and Date of Grievance

Department

Location of Violation:

Articles of the contract (or policy/past practice) that have been violated include:

and all other relevant provisions of the collective bargaining agreement.

Description of Grievance: The Company has violated and/or continues to violate the collective bargaining agreement by the following:

Remedy requested:

and any other Relief the Arbitrator deems necessary and proper.

Steward:

Steward's Signature:

Date of Grievance Meeting

Date of Disposition:

Disposition of Grievance:

Local President