



Grievance Form

Grievance Information			
Employee Name:		Phone Number:	
Shift:	Department:	Date(s) of Occurance:	
Grievance Fact Sheet			

Nature of Grievance:

including but not limited to the above.

Resolution:

and to make whole, including but not limited to the above.

I authorize Local 1426 as my representative to act for me in the disposition of this grievance.

Signature(s):	Date:
---------------	-------

First Step	
Date Submitted: _____	Date of 1 st Step: _____
Date of Answer: _____	Resolved: _____
If Resolution is different: _____	
Steward's Signature: _____	Supervisor's Signature: _____

Second Step	
Date Submitted: _____	Date of 2 nd Step: _____
Date of Answer: _____	Resolved: _____
If Resolution is different: _____	
Steward's Signature: _____	Supervisor's Signature: _____

Third Step	
Date Signed In: _____	Date of 3 rd Step: _____
Date of Answer: _____	Grievance # _____
If Resolution is different: _____	
Chief Steward's Signature: _____	Plant Manager/HR Signature: _____

On this date, _____, this grievance was voted to go to Arbitration		not to go to Arbitration.
Chief Steward's Signature: _____	President's Signature: _____	
Business Agent given copies of all documents	B.A. Signature: _____	Date: _____

