



Grievance Step I

No. ____

Received by: _____

Date: _____

Name: _____

Address: _____

Home Phone: _____

Employer: _____

Date of Hire: _____

Unit Worked: _____

Usual Shift: _____

Job Title: _____

Nature of Grievance:

Contract Provision/Rule/Practice Violated:

Remedy Desired:

Signature of Grievant: _____ Date: _____

Signature of Union Representative: _____ Date: _____