

OFFICIAL UNION GRIEVANCE FORM

Note: Please call the office at (313) 937-9000 and request a Grievance Number to be added to the form when you fill out.

Grievance Number

Name of Employer _____ Phone (_____) _____
Include Area Code

Name of Local Union _____ Phone (_____) _____

Statement of Grievance: List what happened, where, when, why. Also, any contract violation.

Adjustment or Settlement Requested: (To be completed by Union)

I authorize the Union to act for me in the disposition of this grievance and authorize the employer to release any information requested by the Union regarding this grievance.

X _____ X _____ _____
Signature of Grievant Signature of Local Union Representative Date

Name of Employer Representative who handled the grievance at the following steps:

Verbal Step _____ **1st Written Step** _____ **2nd Written Step** _____

Employer's Answer to 1st Written Step: if grievance is denied, give reasons and proofs.

Grievance Number

Employer's Answer to 2nd Written Step:

X _____
Signature of Employer Representative

