

STEP II: GRIEVANCE FORM



Name of Complainant _____ Pay No. _____ Company Service _____

(Group Complaints generally include all Shifts)

SS # _____

Union Member
 Non-Union Member

Home Address and Tel. No. _____

Bldg. _____ Floor _____ Shift _____ Dept. _____ Accum. Time on Classif. _____

Complainant's Foreman _____ Dept. Head _____

Foreman of Step I Contact _____ Shift _____ Date of Step I Contact _____

Executive Board Member Involved at Step I _____

Job Description _____ Rate _____

Present Day Work Rate _____ Present Piecework Av. Earnings _____

Nature of Grievance: _____

Contract Article Violated, if any _____

Relief Requested _____

Foreman's Answer at Step I _____

Circumstances Leading to Grievance

(Include any drawing No.'s, Machine No.'s, Locations, ect. involved)

Any Witnesses Involved: (List) (A) _____ (B) _____

Details _____

Use other side if more space is required

Councillor's Name: _____ Date Referred to Step II _____

Shop Ext. _____

This form should be filled out completely, forms not completely filled out will be returned for completion. Any written information or facts should be attached to this grievance form.

