

GRIEVANCE FORM



LOCAL 108

City _____

Date _____ 20 ____

Violation Article _____ Section _____

Facts: _____

1st Step Date _____

Company Answer _____

2nd Step Date: _____

Attach Co. Answer: _____

Witness _____

Additional Facts _____

Union Steward _____

Signature

Grievor Signature

Print Name

Print Name

