

GRIEVANCE FORM

C.W.A.

Company

Local _____ Date Of Alleged Violation _____ Grievance No. _____
(Assigned By Co.)

Location _____

Department _____ Date Filed By Union _____ With _____
(Supervisor's Name)

Company Division _____

Union District _____ Date Received by Co. _____ By _____
(Signature)

Service Date: _____

Name(s) of Aggrieved: _____

Address: _____

1. Describe _____
Grievance: _____

2. Alleged _____
Violation(s): _____
(Give Article, Section, Paragraph)

3. Remedy _____
Sought: _____

Signed: _____ Employee Aggrieved: _____
(Union Representative) (Signature)

Meeting Date Suggested: _____ Time: _____ Location: _____

Union Representative At Meeting To Be: _____

4. Company Answer: _____

(Return Original To Union)

Signed: _____ Date: _____

