



GRIEVANCE FORM I.U.O.E. LOCAL 381

Today's Date _____

Grievance No. 381-_____-_____
(Grievance numbering example: "381-mmddyyyy-1"
The "-1" at the end is in case you have more than
one grievance that day.)

Please print completed form and give to a Union Representative

Date possible grievance occurred? _____

Date you or a union representative made an oral complaint to the immediate Supervisor of the work group in which the alleged grievance occurred and let them know that this was a potential grievance? _____

Official response by Supervisor? _____ Date of response by supervisor? _____

Grievant _____ Home phone _____

Mobile phone _____ E-mail address _____

Company _____ Position _____

Date of official written grievance _____ (This date should only be filled in if the Workman's Committee finds that the grievance has merit and all other previous steps have been exhausted)

Nature of grievance:

Explain:

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Contract rule applicable (Article / Section / Past Practice / Safety) _____

Witness's _____

Settlement requested:

Signature of grievant _____ Supervisor's name _____

Grievance filed with (Union Official) _____

FOR UNION USE ONLY

Disposition of grievance _____

Date of settlement _____ Company Representative _____

Grievant _____ Union Official _____