GRIEVANCE FORM

**Name of Aggrieved:** **Seniority of Aggrieved:**

**Department:**  **Occupation:**

**Name of Employer**: **Local #:**

**Date Grievance Occurred**: **Date Grievance Presented:**

**Steward**: **Union Rep:**

**Nature of Grievance and clauses of collective agreement violated (what happened?)**

And any other articles or legislation that may apply.

**Adjustment Requested:**

**And any other redress which makes the grievor(s) whole. FULL REDRESS.**

**Signature of Aggrieved**:

**STEP NO. 1**

**Company’s Reply**

**Is Settlement Satisfactory (YES or NO):** **Date:**

**Signature of Union Representative:**

**Signature of Company Representative:**

**STEP NO. 2**

**Company’s Reply**

**Is Settlement Satisfactory (YES or NO):** **Date:**

**Signature of Union Representative:**

**Signature of Company Representative:**

**STEP NO. 3**

**Company’s Reply**

**Is Settlement Satisfactory (YES or NO):** **Date:**

**Signature of Union Representative:**

**Signature of Company Representative:**

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**All Grievances and Responses are to be distributed to the parties listed:**

**Aggrieved**:

**Steward:**

**Company Representative:**