



GRIEVANCE FORM

Facility: _____ Worksite: _____

Grievant(s) Name: _____

Date Grievance Occurred: _____

- This is a one time Problem
- This is an ongoing Problem

Contract Article(s) Violated: _____

and all other related articles.

Statement of Grievance: _____

Remedy Requested – *make whole in every way including but not limited to:* _____

Grievant's Signature

Organizer's or Delegate's Signature

<input type="checkbox"/> Step 1	Date filed: _____ <i>Employer Response:</i>	Date Answered: _____	<input type="checkbox"/> Denied <input type="checkbox"/> Fixed
<input type="checkbox"/> Step 2	Date filed: _____ <i>Employer Response:</i>	Date Answered: _____	<input type="checkbox"/> Denied <input type="checkbox"/> Fixed
<input type="checkbox"/> Step 3	Date filed: _____ <i>Employer Response:</i>	Date Answered: _____	<input type="checkbox"/> Denied <input type="checkbox"/> Fixed

After filing this grievance with the appropriate management representative, in addition please fax a copy of grievance and response to the 1199 office at 860-251-6049