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Local Grievance #

Union Hall Date Stamp

Empty rectangular box for Union Hall Date Stamp.

- 1. Name of Grievant _____ NCS _____
- 2. Home Address _____ Cell # _____
- 3. City _____ Zip _____ Last 4 of Soc. Sec. # _____
- 4. Gender M / F Email _____
- 5. Job Title _____ Department _____ SUITS ID _____
- 6. Work Location _____ 1st Level Mgr. _____
- 7. Date of Incident _____ PN WR DML Susp/Term Other

Explain (other) _____

Explain your grievance _____

Multiple horizontal lines for writing the grievance explanation.

(if additional space is needed please make attachments)

Signature of Grievant

Date

8. What settlement is expected: _____