

9. Violation of Article(s) or Past practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Steward \_\_\_\_\_ Date \_\_\_\_\_  
(Union Representative accepting complaint) (Date Union Rep. rec'd complaint)

11. Was Grievance filed timely within 30 / 45 days of date of incident? Y / N  
(Circle One) (Circle One)

12. Member status  Active  Retired  Terminated  Non-Member \_\_\_\_\_  
(Date membership form provided)

13. Date \_\_\_\_\_ 1st step met with Company \_\_\_\_\_  
(Manager's Name)  
Explanation \_\_\_\_\_

14. Date \_\_\_\_\_ 2nd step met with Company \_\_\_\_\_  
(Manager's Name)  
Explanation \_\_\_\_\_

15. Date \_\_\_\_\_ 3rd step met with Company \_\_\_\_\_  
(Manager's Name)  
Explanation \_\_\_\_\_

### Grievant's Authorization to Obtain Personal / Medical Records

I, \_\_\_\_\_ do hereby grant permission to the Union to examine, review, and obtain copies where they are necessary, of any and all portions of my records maintained by the Company, necessary to process a grievance on my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Permission granted for my  Personal Records  Medical Records

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

(For Union Hall Use Only)

Filed on \_\_\_\_\_ by \_\_\_\_\_ sent to \_\_\_\_\_  
(mm/dd/yyyy) (Union Representative) (Company Representative)