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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 explaining the grievance]

(if additional space is needed please make attachments)

Signature of Grievant

Date

8. What settlement is expected: _____

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)