

LOCAL \_\_\_\_\_ LOCAL TELEPHONE NO. \_\_\_\_\_

NAME	EMAIL

ADDRESS \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ STREET/CITY/STATE/ZIP CODE \_\_\_\_\_

SENIORITY DATE \_\_\_\_\_ NCS DATE \_\_\_\_\_

WORK TELEPHONE NO. \_\_\_\_\_ HOME TELEPHONE NO. \_\_\_\_\_

DEPARTMENT _____	TITLE _____
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SUPERVISOR'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**GIVE COMPLETE STATEMENT OF FACTS CONCERNING THE GRIEVANCE CONDITION THAT EXISTS**

The following is a statement of what happened to me on \_\_\_\_\_, 20\_\_\_\_\_, which action was in violation of Article \_\_\_\_\_ of the Working Agreement.

**NOTE:** List Witnesses on Reverse Side

Use back if more space is needed for grieving party's statement.

SIGNED GRIEVANT \_\_\_\_\_ DATE \_\_\_\_\_

I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my employment, which may include Security Reports, Medical Records or Opinions, Police Reports, Court Records or Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_