GRIEVANCE REPORT

Reset Form

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Local 9505

Grievant Name:		Grievance Number:	WORK ADDRESS
DATE GRIEVANCE OCCURED	NCS:	AREA STEWARD	
NAME OF STEWARD		DATE REPORTED TO STEWARD	Status: (circle one) ☐ C ☐ EQ ☐ G
RATE OF PAY	REPORTED TO MGNT. (NAME AND DATE)	CONTRACT ARTICLE & SECTION 1 AND ALL THAT MAY APPLY OF THE CONTRACT AND PAST & PRESENT PRACTICES. ALL STATE & FEDERAL LAWS.	

SPECIFIC NATURE OF GRIEVANCE

SETTLEMENT REQUIRED

GRIEVANT'S DESIRED SETTLEMENT:

UNION'S DESIRED SETTLEMENT:(IF DIFFRENT)

UNION POSITION

THE UNION FEELS THIS IS A VALID COMPLAINT BECAUSE:

MANAGEMENT POSTITION

MANAGEMENT STATED THEIR REASON WAS:

STEP 1 MANAGEMENT'S OFFER OF SETTLEMENT:

STEP ONE

MANAGEMENT COMMITTE:	UNION COMMITTE:		
		SETTLED ☐	DATE:
		ESCALATE ☐	DATE:
		DIST. MGR.	

STEP TWO

MANAGEMENT COMMITTE:	UNION COMMITTE:		
		SETTLED ☐	DATE:
		ESCALATE ☐	DATE:

THE SETTLEMENT OF THEIS CASE IS: