

GRIEVANCE REPORT

USWA Local Union No. _____ Grievance NO. _____

Location _____

Date _____

EMPLOYEE'S NAME	IDENTIFICATION NO.	DEPARTMENT	JOB TITLE

Use space below to write in other important Grievance information

Nature of Grievance

Settlement requested in Grievance

Agreement Violation

Signature of Aggrieved:

Signature of Union Representative:
