

Grievance Number  
to be assigned by local.



## DISTRICT 4 GRIEVANT'S STATEMENT

Member # \_\_\_\_\_  
This is a required field.  
Barcode # on back of Union Card.

(Print)  
Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Personal Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(if relevant) (if relevant) (if relevant)

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Business Unit \_\_\_\_\_ Work Location \_\_\_\_\_

Seniority Date \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Phone \_\_\_\_\_ Weekly Rate of Pay \_\_\_\_\_

Pager \_\_\_\_\_

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Date given to Steward \_\_\_\_\_ Steward \_\_\_\_\_

Date of contract violation or events causing grievance \_\_\_\_\_

Contract article(s) or other agreements grieved \_\_\_\_\_





(3) What remedy is appropriate?

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(4) List the names of all people (other than the ones already named) who would have information concerning the grievance.

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(5) Have the facts involved in the grievance occurred previously? If so, state where and when and whether a grievance was filed.

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