Grievance No._____

GRIEVANCE REPORT

Local_____ Employer_____

Time and Date of Grievance_____

Department_____ Location of Violation_____

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Description of Grievance_____

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Operations Supervisor_____ Steward_____

Date of Steward's Submission_____ Disposition_____

Signature_____

Job Title_____

Title_____

Disposition_____

_____

Local President_____

ATTACH ALL PERTINENT INFORMATION TO THIS FORM

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