

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)

Business Unit _____ Work Location _____

Seniority Date _____ Supervisor _____

Work Phone _____ Weekly Rate of Pay _____

Pager _____

Date given to Steward _____ Steward _____

Date of contract violation or events causing grievance _____

Contract article(s) or other agreements grieved _____



