

## REQUEST FOR FORMAL GRIEVANCE MEETING

1. Name of Grievant(s):

\_\_\_\_\_  
\_\_\_\_\_

2. Date of Informal Meeting with Management:

\_\_\_\_\_

3. Company Representative(s) in Attendance:

\_\_\_\_\_

(Note spokesman with a ✓)

4. Union Representative(s) in Attendance:

\_\_\_\_\_

5. Grievant(s) in Attendance:

\_\_\_\_\_

6. Issue Involved: (As well as Contract Section Involved)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Date Grievance Occurred: \_\_\_\_\_

8. Meeting Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Place: \_\_\_\_\_

9. Union Representative who will attend: \_\_\_\_\_

10. Grievant(s) who will attend : \_\_\_\_\_

11. Reply to Request should be directed to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

12. Additonal Information Relevant to Grievance: \_\_\_\_\_

13. Reply to request should be directed to:

Name: \_\_\_\_\_ (Signature)

Address: \_\_\_\_\_

\_\_\_\_\_ (Date)

Note: This form must be filled out with the operations Manager with in (14) days following the Informal meeting.

TO BE COMPLETED BY JOB STEWARD

TO BE COMPLETED BY LOCAL  
PRESIDENT OR HIS DESIGNEE

