

ATTACHMENT #4 GRIEVANCE FORM



UAW • AFL-CIO,CLC

Local 2350/CSEA GRIEVANCE FORM*

NAME OF GRIEVANT(S): _____ DATE: _____

CLASSIFICATION: _____ OFFICE PHONE: _____

MAILING ADDRESS: _____

UNION STEWARD: _____ OFFICE PHONE: _____

STATEMENT OF GRIEVANCE (Give a brief description of your problem; use additional pages as necessary;
-attach all relevant documents)

RELEVANT CONTRACT SECTIONS: _____

REMEDY REQUESTED: _____

THIS GRIEVANCE HAS BEEN DISCUSSED WITH YOUR SUPERVISOR:

(NAME OF SUPERVISOR): _____ (DATE): _____

GRIEVANT(S) SIGNATURE: _____ DATE: _____

UNION STEWARD SIGNATURE: _____ DATE: _____

ACTION AT STEP 1: _____ DATE: _____

ACTION AT STEP 2: _____ DATE: _____

ACTION AT STEP 3: _____ DATE: _____

ACTION AT STEP 4: _____ DATE: _____

*For use by Union Members grieving under Article X of the Local 2350/CSEA Agreement.

