

LOCAL 703 GRIEVANCE FORM



GRIEVANCE NO. _____

Received By: _____
Date: _____
Time: _____

Date: _____

Member Name: _____ Employer: _____
Home Phone: _____ Home Address: _____
Date of Hire: _____ Classification Title: _____ Department: _____

Type of Grievance (check):

- | | | | |
|--------------------------------------|-------------|--|-------------|
| <input type="radio"/> Discharge | Date: _____ | <input type="radio"/> Wage Claim | Date: _____ |
| <input type="radio"/> Suspension | Date: _____ | <input type="radio"/> Working Conditions | Date: _____ |
| <input type="radio"/> Warning Letter | Date: _____ | <input type="radio"/> Other | Date: _____ |

Has Grievance been discussed with Supervisor? Yes ___ No ___ Date Discussed: _____

If not, state reason: _____

Has Grievance been discussed with Shop Steward? Yes ___ No ___ Date Discussed: _____

If not, state reason: _____

Steward's Name: _____ Supervisor's Name: _____

Witnesses' names (if any): _____

Contract Articles Violated: _____ and any other articles of the contract.

_____ _____ _____ _____ _____ continued on back <input type="checkbox"/>
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Remedy asked: _____

_____ and all other benefits to which the grievant is entitled.

Grievant's
Signature: _____

Steward's
Signature: _____