



CATEGORY CODE \_\_\_\_\_

GRIEVANCE NUMBER \_\_\_\_\_

GRIEVANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

DEPT \_\_\_\_\_ NCS \_\_\_\_\_ TITLE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ DATE STEWARD REQUESTED STEP I MTG \_\_\_\_\_

CONTRACT ARTICLES VIOLATED \_\_\_\_\_  
AND ARTICLES 2, 7 & 17, AND ANY & ALL OTHERS THAT MAY APPLY.

NATURE OF GRIEVANCE \_\_\_\_\_

UNION DEMAND FOR SETTLEMENT \_\_\_\_\_

COMPANY POSITION AND/OR REASON FOR ACTION \_\_\_\_\_

	STEP I	STEP II	STEP III
MGT REP & TITLE PHONE			
UNION REP & TITLE PHONE #			
FINAL MEETING DATE			
DATE REFERRED TO NEXTSTEP			
TIMEOUTDATE			

DATE LOCAL REC'D. CO. POSITION LETTER  
STEP I \_\_\_\_\_ STEP II \_\_\_\_\_ STEP III \_\_\_\_\_

RECESSED? DATE & REASON  
STEP I \_\_\_\_\_  
STEP II \_\_\_\_\_  
STEP III \_\_\_\_\_

DISPOSITION/SETTLEMENT \_\_\_\_\_

(USE REVERSE SIDE IF NECESSARY)