



Industrial, Technical and Professional Employees Union

Affiliated with OPEIU, AFL-CIO as Local 4873

GRIEVANCE FORM

AGGRIEVED EMPLOYEE:

Name: _____

SS No.: _____

Address: _____

City: _____ St _____ Zip: _____

Home Phone: _____

Work Phone: _____

Work Location: _____ Job Title: _____

Company: _____

Manager/Supervisor: _____

One Copy each to:

- Management
- Shop Steward
- Union Rep.
- Employee

NATURE OF GRIEVANCE: *(If additional space is needed, continue on back of this sheet)*

SETTLEMENT DESIRED:

Employee's Signature _____ Date: _____

Union Representative
or Steward's Signature _____ Date: _____

ACTION TAKEN: *(Summarize, or attach Management's reply. If additional space is needed, continue on back of this sheet.)*

Management's Signature _____

Date _____