

Appendix H
GRIEVANCE FORM

Individual
Union
Logo

Send to:

Name: _____

Title: _____

Facility: _____

Grievance #: _____ Rate of Pay: _____ Date of Hire: _____

Employee/Grievant Name: _____ Work Site: _____

Employee/Grievant Email Address: _____ Bargaining Unit: _____

Job Title: _____ Cell Phone #: _____

Department: _____ Date of Incident: _____

Article(s) Allegedly Violated: _____ and all other applicable Articles of the Contract.

Meeting with Supervisor prior to filing grievance Yes ☐ No ☐ (Name) _____

If No, Reason Why:

Brief Statement of Facts:

Remedy Expected:

Signatures:

Grievant(s) _____

Union Representative _____

Date _____

Date _____

cc: _____

TA
EUS 3/14/25
Am 3/14/25
OG
WRB 5/12/25