

**LOCAL UNION # 359-T  
GRIEVANCE FORM**

DATE GRIEVANCE FIRST SUBMITTED \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

DEPARTMENT & SHIFT \_\_\_\_\_ JOB CLASSIFICATION \_\_\_\_\_

**FIRST STEP**

GRIEVANCE BASED ON CONTRACT ARTICLE(S) \_\_\_\_\_ SECTION(S) \_\_\_\_\_

STATEMENT OF FACTS OF GRIEVANCE \_\_\_\_\_

---

---

---

---

---

---

---

---

REMEDY REQUESTED \_\_\_\_\_

---

---

---

SIGNED \_\_\_\_\_ EMPLOYEE SIGNED \_\_\_\_\_ FOR THE UNION

COMPANY RESPONSE \_\_\_\_\_

---

---

---

GRIEVANCE SETTLED: YES  NO

---

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
MANAGEMENT REPRESENTATIVE

USE REVERSE SIDE IF GRIEVANCE IS  
NOT SETTLED AT THIS STEP

