



Grievance Report

Local 397

Date: _____ Local Number 397 Grievance Number _____
 Members Name _____ Clock Number _____
 Company _____
 Department _____ Supervisor _____
 Date grievance occurred (on or about) _____ Time _____
 Grievance reported by _____

Complaint

The Union charges the Company with a specific violation of Article(s) and any other provision of the C.B.A. that me be found to apply.

Article(s) / Section(s) _____

Requested

Plus the Union demands that the Company ceases and desists from violating the Collective Bargaining Agreement, that the incident(s) be rectified, that proper compensation, including benefits and overtime, at the applicable rate of pay, be paid for all loses; and further that those affected be made whole in every respect.

Signature for the Union

Signature for the Company

Signature for the Union

Signature for the Company

Grievance Procedure

First Step

Answer

Date Submitted

Steward

Settlement Satisfactory

Yes

No

Signature of Company Official

Second Step

Answer

Date Submitted

Steward

Settlement Satisfactory

Yes

No

Signature of Company Official

Third Step

Answer

Date Submitted

Steward

Settlement Satisfactory

Yes

No

Signature of Company Official

Fourth Step

Answer

Date Submitted

Steward

Settlement Satisfactory

Yes

No

Signature of Company Official

Arbitration

Date submitted to arbitration

Name of Arbitrator

Decision of Arbitrator (attach copy)