

DISTRICT No. 15

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS  
A.F.L. - C.I.O.



UNION GRIEVANCE FORM

Local Lodge No. .... Name of Company: .....

(Print)

Name of Employee: ..... Clock No. ....

(Print)

Shift: ..... Department: ..... Date: .....

EMPLOYEE'S STATEMENT OF GRIEVANCE:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signature of Employee: ..... Signature of Steward: .....

COMPANY OR FOREMAN'S ANSWER:

.....  
.....  
.....  
.....  
.....  
.....  
.....

Authorized Signature: ..... Date: .....

GRIEVANCE COMMITTEE'S REPORT OF CASE IN SECOND OR THIRD STEP.

.....  
.....  
.....  
.....  
.....  
.....

FINAL DISPOSITION OF CASE:

.....  
.....  
.....

Authorized Signature ..... Date: .....



Grievances should be made out in triplicate form:

One Copy to the Company:

One Copy to the Union:

One Copy to the Shop-Steward.