



GRIEVANCE FORM UGSOA

Follow exact procedure and time limits outlined in
CBA grievance / Arbitration Procedure

Date Filed Local No.: Supervisor: GRIEVANCE NO.:

Name of the Aggrieved: Shift: Building/Dept:

Union Rep Phone Number: Fax:

Section of Contract Violated: Article: Section:

Description of Grievance:

Adjustment Desired:

Signature of Aggrieved: Steward Signature:

Date of Informal: Spoke to: Date: Time:

Date 2nd Written Step to Company Representative Date Answer Received

Date 3rd Written Step to Company Representative Date Answer Received

Date 4th Written Step to Company Representative Date Answer Received

Grievance Package Referred to UGSOA Int'l for Arbitration Consideration Date:

President/Steward Signature