Grievance Number to be assigned by local.



DISTRICT 4 GRIEVANT'S STATEMENT

Member #_

			2.20		is is a required field. on back of Union Card.			
(Print) Name		Job Title						
Signature			Date	_Date				
Home Address		City_		State_	ZIP			
Home Phone		_ Personal C	Cell Phone					
AgeSex_ (if relevant)	(if relevant)	Race	(if relevant)					
Business Unit		Vork Locatio	n					
Seniority Date	Supervisor_							
Work Phone	Weekly Rate of Pay							
Pager								
Date given to Steward		Steward						
Date of contract violation or o								
Contract article(s) or other ag								

irred and who						
		-				
Why, in the g	rievant's or tl	ne steward's	opinion, did	the incident	occur?	
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Vhy, in the g	rievant's or tl	ne steward's	opinion, did	the incident	occur?	
Why, in the g	rievant's or tl	he steward's	opinion, did	the incident	occur?	

(3) What remedy is appropriate?
(4) List the names of all people (other than the ones already named) who would have information
concerning the grievance.
(5) Have the facts involved in the grievance occurred previously? If so, state where and when and whether a grievance was filed.

(6) If this grievance involves discipline, list previous warnings and suspensions the Company has the grievant. List the dates of this previous discipline and the nature of the conduct for which the greeived the discipline. Also, if other employees have received lesser or no discipline for the same	grievant e or a
similar offense as the one described in this grievance, list the names of those employees, explain the offenses, describe the penalties they received (if any), and give the dates of their offenses.	heir
Continuation from previous pages, Please list paragraph number you are continuing.	