

LOCAL 190

Grievance Form

strength through unity

EMPLOYER _____

EMPLOYEE _____

Employee's Address _____

No _____
Date _____
Step 1 _____
Step 2 _____
Step 3 _____

Telephone _____ Supervisor _____

Date of Grievance _____ Classification _____

Nature of Dispute _____

Section/s Violated Including but not limited to _____

Remedy Requested _____

Signature (Employee) _____ Date _____

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