

**UTILITY WORKERS UNION OF AMERICA**

Affiliated with the A.F.L.-C.I.O.

Local Union No. \_\_\_\_\_ City and State \_\_\_\_\_ Grievance/Case No. \_\_\_\_\_

Number of Aggrieved Individuals \_\_\_\_\_ Date of Grievance \_\_\_\_\_ Date Filed \_\_\_\_\_

Aggrieved Name(s) \_\_\_\_\_

Company \_\_\_\_\_ Location (Plant or Division) \_\_\_\_\_ Department \_\_\_\_\_

Company Representative(s) in Violation \_\_\_\_\_

Witness Name(s) \_\_\_\_\_ Department \_\_\_\_\_

Name of Authorized Union Representative \_\_\_\_\_ Title \_\_\_\_\_

Description of Grievance (Who, What, When, Where, Why?). Cite agreement and all applicable Article(s), Section(s) violated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy Requested (i.e. Request a cease & desist and that the Union and all affected individuals be made whole).

\_\_\_\_\_  
\_\_\_\_\_

Grievance filed by: Signature of grievant(s) or signature of Union Rep if filed on behalf of the Local.

\_\_\_\_\_

**DISPOSITION OF CASE:**

(a) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition: \_\_\_\_\_

(b) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition: \_\_\_\_\_

(c) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition: \_\_\_\_\_

(d) Hearing Officer or Arbitrator \_\_\_\_\_ Final Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition: \_\_\_\_\_

**FINAL DISPOSITION** (resolved, submitted to arbitration, not pursued - lacks merit, etc.) \_\_\_\_\_

\_\_\_\_\_

Signed: For the company \_\_\_\_\_ For the Union \_\_\_\_\_