



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 _____