

UNITED STEELWORKERS

DISTRICT 4 – LOCAL 2285

GRIEVANCE FORM

GRIEVANCE # _____

Name: _____ Clock # _____ Date Submitted: _____
(Print)

Plant: Worcester / N.Grafton Zone: _____ Department: _____ Forman: _____

Date Event Occurred: _____ Violation – Article/Section: _____ Date of Oral Discussion: _____

Statement of Grievance: _____

Remedy Requested: _____

(Employee's Signature)

Approval of Committeeman: _____ Date: _____
(Required for Step 2) *(Committeeman's Signature)*

Foreman's Answer: _____

Date Written Grievance Rec'd: _____ Date Answer Given: _____

(Forman's Signature)

Accepted: Yes No *Steward's Signature:* _____ Date: _____

Superintendent's Answer: _____

Date Received: _____ Date Answer Given: _____

(Superintendent's Signature)

Accepted: Yes No

Committeeman's Signature: _____ Date: _____