



LOCAL 353 GRIEVANCE FORM

PO BOX 1432 MONTICELLO NY 12701

GRIEVANT(S) INFORMATION

GRIEVANT(S) NAME:	ID#
STEWARD NAME:	CLASSIFICATION:
BUSINESS AGENT:	BUILDING:
WAGE RATE: \$	SEN. DATE: FT <input type="checkbox"/> PT <input type="checkbox"/>

GRIEVANCE

CONTRACT ARTICLES VIOLATED: *(Including but not limited to):*

WHO: *(Management involved):*

WHEN: *(Date/Time of violation):*

WHERE: *(Location of violation)*

WHAT HAPPENED: *(Grievance in precise facts)*

SETTLEMENT REQUESTED: *(The following to include being "made whole" in every way)*

SIGNATURE OF GRIEVANT(S)

DATE:

DATE THIS WRITTEN GRIEVANCE SUBMITTED TO COMPANY BY STEWARD/AGENT:

COMPANY RESPONSE:

EMPLOYER (Print Name) _____ (Sign Name) _____ DATE: ___/___/___