



Grievance Form

IAM Case No.
UAW Case No.
Supervisor
Date

Case of

Name	Badge No.	Sen. Date	Classification	Rate

Nature of Grievance (Contract Article/Violated and Section)

Date and Time of Oral Discussion

Persons Present

Describe Specifically What Happened (Who, What, When, Where, How, Etc.)

The Union's Position (Including Specific Adjustment Requested)

Signed (Aggrieved)	Steward	Shift
	Sub Operation	
	Unit	

Home Address, Grievant

Home Phone, Grievant