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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | I.A.M. Case No. | | | |
| U.A.W. Case No. | | | |
| Supervisor | | | |
| Date | | | |
| Case of | | | | |  | | | |
| Name | Badge No. | Sen. Date | | | Classification | | | | Rate |
|  |  |  | | |  | | | |  |
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|  |  |  | | |  | | | |  |
| Nature of Grievance (Contract Article/Violated and Section | | | | | | | | | |
| Date and Time of Oral Discussion | | | | | | | Persons  Present | | |
| **Describe Specifically What Happened (Who, When, What, Whrer, How, Etc.)** | | | | | | | | | |
| **The Union’s Position (Including Specific Adjustment Requested)** | | | | | | | | | |
| Signed | | |  | Steward | | | | Shift | |
|  | | |  | Sub Operation | | | | | |
|  | | |  | Unit | | | | | |
| (Aggrieved) | | | |  | | | | | |
| Home Address, Grievant | | | | | | | | | |
| Home Phone, Grievant | | | | | | | | | |

GT329-A (11-87)

Instructions for using this form:

Begin with the Supervisor field on this form and type the name of the supervisor. Then, <TAB> or click the next field, which will be the “date” field. \*Repeat until you have the form filled out.

\*Note:

Do not use the <ENTER> key unless you are filling in the “Describe what happen…” and the “Unions position…” This is the only time you will use the <ENTER> key.

Using the <ENTER> key will install spacing that you will not want in your form.

When you are done writing your grievance, be sure to <SAVE AS…> You will want to save to a different filename. You should have your original file that you can open for the next grievance.