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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       | PersonsPresent       |
| **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.