

### REQUEST FOR FORMAL GRIEVANCE MEETING

TO BE COMPLETED BY JOB STEWARD

1. Name of Grievant(s):

\_\_\_\_\_  
\_\_\_\_\_

2. Date of Informal Meeting with Management:

\_\_\_\_\_

3. Company Representative(s) in Attendance:

\_\_\_\_\_

(Note Spokesman with a )

4. Union Representative(s) in Attendance:

\_\_\_\_\_

5. Grievant(s) in Attendance:

\_\_\_\_\_

6. Issue Involved: (As well as Contract Section Involved)

\_\_\_\_\_

7. Date Grievance Occurred: \_\_\_\_\_

8. Meeting Requested:

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

9. Union Representative who will attend: \_\_\_\_\_

10. Grievant(s) who will attend: \_\_\_\_\_

11. Reply to Request should be directed to:

Name \_\_\_\_\_ Address \_\_\_\_\_

12. Additional Information Relevant to Grievance: \_\_\_\_\_

13. Reply to request should be directed to:

Name: \_\_\_\_\_ (Signature)

Address: \_\_\_\_\_ (Date)

TO BE COMPLETED BY LOCAL  
PRESIDENT OR HIS DESIGNEE

*Note: This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.*

