DISTRICT No. 15

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
A.F.L. - C.I.O.

UNION GRIEVANCE FORM

Local Lodge No. ..... Name of Company: .....
(Print)

Name of Employee: ..... Clock No. .....
(Print)

Shift:..... Department: ..... Date: .....

EMPLOYEE'S STATEMENT OF GRIEVANCE:

Signature of Employee: .....Signature of Steward:.....

COMPANY OR FOREMAN'S ANSWER:

Authorized Signature: ..... Date:.....

GRIEVANCE COMMITTEE'S REPORT OF CASE IN SECOND OR THIRD STEP.

FINAL DISPOSITION OF CASE:

Authorized Signature ..... Date:.....

Grievances should be made out in triplicate form:

One Copy to the Company: One Copy to the Union: One Copy to the Shop-Steward.