



INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

Local No. 1363
Affiliated with AFL-CIO

GRIEVANCE FORM

NAME: _____ ADDRESS: _____

HOME PHONE: _____ EMPLOYED AT: _____

JOB CLASSIFICATION: _____ DATE HIRED: _____

STATEMENTS OF GRIEVANCE - BE TRUTHFUL - BE SPECIFIC

DATE OF GRIEVANCE: _____ CURRENTLY WORKING: YES _____ NO _____

GRIEVANCE REQUIRED INFO REQUEST: YES _____ NO _____ DISCHARGED: YES _____ NO _____

SUPERVISORS NAME: _____

ARTICLE AND SECTION NUMBER OF THE INFRACTION: _____

NATURE OF GRIEVANCE: _____

REMEDY SOUGHT: _____

AGGRIEVED PERSON'S SIGNATURE

STEWARD'S SIGNATURE

DATE: _____

