

COMPLAINT - GRIEVANCE FORM

LOCAL LODGE NO. 839

GRIEVED EMPLOYEE NAME: _____ EMPLID: _____ SHIFT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ SENIORITY DATE: _____

MANAGER: _____ DEPT: _____ JOB CODE: _____ BUILDING: _____ POST: _____

VIOLATION: _____

REMEDY: _____

DATE: _____ SUBMITTED BY SIGNATURE: _____

SUBMITTED BY PRINT NAME: _____

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COMPANY REPRESENTATIVE AND STEWARD OR BUSINESS REPRESENTATIVE DECISION: _____

DATE: _____

DATE: _____

COMPANY REPRESENTATIVE (SIGNATURE)

STEWARD/BUSINESS REPRESENTATIVE (SIGNATURE)

COMPANY REPRESENTATIVE (PRINT)

STEWARD/BUSINESS REPRESENTATIVE (PRINT)

WAS COMPLAINT SETTLED? YES _____ NO _____

WAS EMPLOYEE NOTIFIED OF DECISION? YES _____ NO _____

