## COMPLAINT - GRIEVANCE FORM

## **LOCAL LODGE NO. 839**

GRIEVED EMPLOYEE NAME:					SHIFT:
ADDRESS:		_CITY:	STAT	E:	ZIP:
HOME PHONE:	WORK PHONE:		SENIORITY		DATE:
MANAGER:	DEPT:	JOB CO	DE:	BUILDING:	POST:
VIOLATION:					
REMEDY:					
DATE:					
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COMPANY REPRESENTATIVE AND STEWARD O	R BUSINESS REPR	ESENTATIVE DE	CISION:		
DATE:		DATE: _		-	
COMPANY REPRESENTATIVE (SIGNATURE)		STEWA	RD/BUSINESS REPRE	SENTATIVE (SIGN	ATURE)
COMPANY REPRESENTATIVE (PRINT)		STEWA	RD/BUSINESS REPRE	ESENTATIVE (PRIN	Т)
WAS COMPLAINT SETTLED?	YES	NO	_		
WAS EMPLOYEE NOTIFIED OF DECISION?	YES	NO			

BUSINESS REPRESENTATIVE'S STATEMENT: After a thorough investigation by both the Union and the Company, i	it is agreed to:
DATE:	DATE:
COMPANY REPRESENTATIVE (SIGNATURE)	BUSINESS REPRESENTATIVE (SIGNATURE)
COMPANY REPRESENTATIVE (PRINT)	BUSINESS REPRESENTATIVE (PRINT)
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COMPANY REPRESENTATIVE (PRINT)	BUSINESS REPRESENTATIVE (PRINT)