COMPLAINT - GRIEVANCE FORM

LOCAL LODGE NO. 839

GRIEVED EMPLOYEE NAME:			EMPLID:		
REQUIRED INFORMATION	ADDRESS:	CITY:		STATE:	ZIP:
	PHONE:	WORK I	PHONE:	SENIORITY DATE	B
	EMAIL ADDRESS:				
	ER:	DEPT:	JOB CODE:	BUILDING:	POST:
VIOLATI	ON:				
REMEDY	/ :				
DATE: _		GRIEVED EMPLOYEE SIGNATURE:			
		GRIEVED EMPLO			
	MDANIV DEDDECENTATIVE OTENAADD	OD DUOINEGO DEDDE			
FLM COI	MPANY REPRESENTATIVE, STEWARD	OK BUSINESS KEPKE	SENTATIVE DECISION:		
DATE:			DATE:		
COMPA	NY REPRESENTATIVE (SIGNATURE)		STEWARD / BUSINE	SS REPRESENTATIVE (SIGN	ATURE)
COMPA	NY REPRESENTATIVE (PRINT)		STEWARD / BUSINE	SS REPRESENTATIVE (PRIN	Т)
WAS CO	MPLAINT SETTLED?	YES	NO		
WAS EM	PLOYEE NOTIFIED OF DECISION?	YES	NO		

PLM COMPANY REPRESENTATIVE AND BUSINESS REPRES After a thorough investigation by both the Union and the Compar	SENTATIVE, IN-PLANT REPRESENTATIVE OR STEWARD STATEMENT: ny, it is agreed to:		
DATE:	DATE:		
COMPANY REPRESENTATIVE (SIGNATURE)	STEWARD, BUSINESS REPRESENTATIVE OR IN-PLANT REP (SIGNATURE)		
COMPANY REPRESENTATIVE (PRINT)	STEWARD, BUSINESS REPRESENTATIVE OR IN-PLANT REP (PRINT)		
BUSINESS REPRESENTATIVE OR IN-PLANT REPRESENTAT After a thorough investigation by both the Union and the Compar			
DATE:	DATE:		
COMPANY REPRESENTATIVE (SIGNATURE)	BUSINESS REPRESENTATIVE OR IN-PLANT REPRESENTATIVE (SIGNATURE		
COMPANY REPRESENTATIVE (PRINT)	BUSINESS REPRESENTATIVE / IN-PLANT REPRESENTATIVE (PRINT)		