

COMPLAINT – GRIEVANCE FORM

IAM LOCAL 839

GRIEVED EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_ SHIFT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ SENIORITY DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MANAGER: \_\_\_\_\_ DEPT: \_\_\_\_\_ JOB CODE: \_\_\_\_\_ BUILDING: \_\_\_\_\_ POST: \_\_\_\_\_

VIOLATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMEDY: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ GRIEVED EMPLOYEE SIGNATURE: \_\_\_\_\_

GRIEVED EMPLOYEE PRINT NAME: \_\_\_\_\_

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FLM COMPANY REPRESENTATIVE, 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 \_\_\_\_\_

**PLM COMPANY REPRESENTATIVE AND BUSINESS REPRESENTATIVE, IN PLANT REPRESENTATIVE OR STEWARD STATEMENT:**  
After a thorough investigation by both the Union and the Company, it is agreed to:

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
COMPANY REPRESENTATIVE (SIGNATURE)

\_\_\_\_\_  
STEWARD/BUSINESS REP OR IN-PLANT REP (SIGNATURE)

\_\_\_\_\_  
COMPANY REPRESENTATIVE (PRINT)

\_\_\_\_\_  
STEWARD/BUSINESS REP OR IN-PLANT REP (PRINT)

**BUSINESS REPRESENTATIVE OR IN-PLANT REPRESENTATIVE STATEMENT:**  
After a thorough investigation by both the Union and the Company, it is agreed to:

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
COMPANY REPRESENTATIVE (SIGNATURE)

\_\_\_\_\_  
BUSINESS REP OR IN-PLANT REP (SIGNATURE)

\_\_\_\_\_  
COMPANY REPRESENTATIVE (PRINT)

\_\_\_\_\_  
BUSINESS REP OR IN-PLANT REP (PRINT)

