

COMPLAINT – GRIEVANCE FORM

IAM LOCAL 839

GRIEVED EMPLOYEE NAME: _____ EMPLOYEE ID: _____ SHIFT: _____

**REQUIRED
INFORMATION**

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: _____

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 _____

RECEIVED IN OFFICE BY _____

DATE _____

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)

