

GRIEVANCE BLANK

Local Union No. 238
Cedar Rapids, Iowa

DATE_____

NAME OF MEMBER INVOLVED_____

ADDRESS_____PHONE:_____

OCCUPATION:_____DATE HIRED:_____

EMPLOYER:_____

ADDRESS:_____PHONE:_____

PERSON TO NOTIFY:_____

ADDRESS:_____PHONE:_____

NATURE OF COMPLAINT (Contract and Article Violated):_____

SIGNED:_____

UNION CONTENTION:_____

COMPANY CONTENTION:_____

DATES COMPANY CONTACTED AND SETTLEMENT REJECTED:_____

COMPLAINT TAKEN BY:_____DATE:_____

ACTION ON GRIEVANCE:_____