



300 Weidman Road
Ballwin, MO. 63011
636-394-6500
Fax: 636-394-5006

GRIEVANCE FORM

Please Print:

Grievant's Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Company _____ Location _____

Union Steward _____

Union Representative _____

State the exact nature of your complaint:

On or about (Date) _____, my rights were violated under Article _____ (Article Description) _____, and any other applicable article under the Collective Bargaining Agreement.

Brief description:

Request for settlement:

The Union demands that the grievant be made whole. _____

I believe that to the best of my knowledge, the above to be true.

(Signature) _____ (Date) _____ (Time) _____

Copies to Manager, Steward, Grievant, and Union Representative

Outcome of grievance:

- Deny
- Withdrawn
- Settlement (list below)

