



Date: _____

Name of Grievant(s): _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Facility: _____

Job Classification: _____ Shift: _____

Nature of Grievance: _____

Articles and Sections Violated: _____

Remedy Desired: _____

Grievant(s) Signature: X _____

Steward Signature: X _____ Date Presented to Union: _____

Date given to Management: _____ Received by (signature): _____

Date of 1st Step Meeting: _____ Response: _____

Date given to Management: _____ Received by (signature): _____

Date of 2nd Step Meeting: _____ Response: _____

Date given to Management: _____ Received by (signature): _____

Date of 3rd Step Meeting: _____ Response: _____

Further disposition of grievance: _____

I hereby withdraw this grievance which has been satisfied to my satisfaction by the Union:

X _____

Witness: _____

Grievant's Signature