



United Steelworkers Local 1-1937

GRIEVANCE FORM

COMPANY: _____

STEP: _____

GRIEVOR: _____

DEPT: _____

DESCRIBE GRIEVANCE: _____

SETTLEMENT REQUIRED: _____

DATE: _____

TIME: _____

SIGN: _____
GRIEVOR

SIGN: _____
STEWARD

COMPANY RESPONSE TO GRIEVANCE: _____

DATE: _____

TIME: _____

SIGN: _____
Management Representative

