UNITED STEELWORKERS

UNITY AND STRENGTH FOR WORKERS

KOOTENAYS LOCAL 1-405

GRIEVANCE FORM STEELWORKERS LOCAL1-405

Name of Grievor: Phone #:

Occupation: Seniority Date:

Employer: Supervisor:

Department: Date Grievance Occurred:

1st Step Presented to: Date:

Witness: (Job Steward) :

Grievance (what happened):

Settlement Desired:

Decision/Resolution:

Supervisor:

Resolved at First Step: yes ☐ no ☐

Advanced to Step 2: (Date) Resolved: yes ☐ no ☐

Advanced to Step 3: (Date) Resolved: yes ☐ no ☐

Plant Committee: Date:

Copy: 1 Copy to Employer
1 Copy to Local Union
1 Copy to Committee