

UNITED WORKERS OF AMERICA
Grievance Form and Record of Proceedings
Local _____

Employer _____ Grievance No. _____

Name _____ ID No. _____ Date _____

State Grievance: _____

Settlement Requested: _____

Signed _____
Aggrieved Employee

Signed _____
Union Representative

Employer's Reply: _____

Signed _____
Employer Representative Date

Is Decision Satisfactory? Yes _____ No _____

Signed _____
Union Representative Date

Union Reply: _____

Signed _____
Union Representative Date

Employer's Reply: _____

Signed _____
Employer Representative Date

Is Decision Satisfactory? Yes _____ No _____

Signed _____
Union Representative Date