UNITED WORKERS OF AMERICA Grievance Form and Record of Proceedings

Local			
LACOL			
Locai			

Employer	Grievance No				
Name	_ID No	Date			
tate Grievance:					
ettlement Requested:					
igned	Signed				
ignedAggrieved Employee	Signed	Union Representative			
Employer's Reply:					
	Signed				
		Employer Representative	Date		
Decision Satisfactory? Yes	No Signed	Union Representative			
		Union Representative	Date		
nion Reply:					
	Signed				
		Union Representative	Date		
mployer's Reply:					
	Signed	Employer Representative	Date		
s Decision Satisfactory? Yes					
, 200151011 Dutiblictory: 105	bigiicu_	Union Representative	Date		