

GRIEVANCE REPORT
RETAIL WHOLESALE UNION

Local _____

Company: _____ Date Grievance Arose: _____

Name: _____ E-Mail Address: _____

Home Address: _____

Phone Number Work: _____ Cell: _____ Home: _____

Department/Classification: _____ Seniority Date: _____

Nature of Grievance:

Violation:

Remedy Sought:

Date Grievance Presented to Company:

Grievor's Signature

Signed on behalf of Retail Wholesale Union Local _____
Shop Steward or Union Representative