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: _____

_____

_____

_____

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_____

Violation: _____

_____

_____

Remedy Sought: _____

_____

_____

Date Grievance Presented to Company:

_____

_____

_____

_____

Grievor's Signature

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