

# UTILITY WORKERS UNION OF AMERICA

Affiliated with A.F.L.-C.I.O.

LOCAL UNION \_\_\_\_\_ City and State \_\_\_\_\_ Grievance/Case No. \_\_\_\_\_

Number of aggrieved individuals \_\_\_\_\_ Date of grievance \_\_\_\_\_ Date filed \_\_\_\_\_

Individuals Name(s) \_\_\_\_\_

Company \_\_\_\_\_ Location (Plant or Division) \_\_\_\_\_ Department \_\_\_\_\_

Company Representative(s) in violation \_\_\_\_\_

Witnesses Name(s) \_\_\_\_\_ Department \_\_\_\_\_

Name of Authorized Union Representative \_\_\_\_\_ Title \_\_\_\_\_

Description of grievance, (Who, What, When, Where, Why?) Agreement and all applicable Article(s), Section(s) violated.

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Remedy Requested (for example: request a cease & desist and that the Union and all affected individuals be made whole)

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Filed by / Union Rep on behalf of Local (Signature(s)) \_\_\_\_\_

## DISPOSITION OF CASE:

(a) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition \_\_\_\_\_

(b) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition \_\_\_\_\_

(c) Hearing Officer's Name \_\_\_\_\_ Step \_\_\_\_\_ Date \_\_\_\_\_

Answer or Disposition \_\_\_\_\_

(d) Hearing Officer or Arbitrator \_\_\_\_\_ Final Step \_\_\_\_\_ Date \_\_\_\_\_

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FINAL DISPOSITION (resolved, submitted to Arbitration, not pursued-lacks merit, etc) \_\_\_\_\_

For the company \_\_\_\_\_ For the Union \_\_\_\_\_