Grievance Report
International Association of Machinist, District 10, Local _____ against

Company Name_____

STEP _____ **GRIEVANCE NO.**_____

EMPLOYEE(S)_____

Unit	Department	Clock No.	Shift

Violation of Article_____ Section _____ Paragragh _____

STATEMENT OF GRIEVANCE

_____

_____

_____

_____

_____

Settlement Request _____

_____

_____

EMPLOYEE'S SIGNATURE_____

SIGNITURE OF UNIT STEWARD_____UNIT_____

RECEIVED BY_____DATE_____

Signature of Supervisor

DECISION OF SUPERVISOR

_____DATE_____

Signature of Supervisor