

International Association of Machinists and Aerospace Workers

District 37

Local Lodge 1786

Grievance Report

Grievance No: _____

Date: _____

Employee: _____

Employee Clock No: _____

Address: _____

City: _____

Zip: _____

Department: _____ Classification: _____

Pay Rate: _____

Shift: _____

Company: _____ Supervisor: _____ Steward: _____

Basis of Grievance: _____

Article: _____

Section: _____

Nature of Grievance: _____

Action Requested by Grievant: _____

Grievant Signature: _____ Date: _____

Steward Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Comments: _____
