



IAM – Standard Grievance Form

Date of Verbal

Name of Steward

Date of Supervisor Verbal Answer

Supervisor Name

Location

Work Group

Number

Grievant Last Name

Employee Name

Employee Number

Employee Job Title

Agreement

Section of Agreement in dispute

Grievance Summary

Step 1 Complaint

Step 2

System Board of Adjustment

How can the dispute be resolved

List dates of prior grievance activity prior to this filing

Union Representative Name

Union Representative Title

Delivered to Name

Title

Signature of employee/grievant