



# Step 2 Grievance Form

District 141

International Association of  
Machinists and Aerospace Workers

**Date of Filing**

**Employee Name**

**Company Name**

**Employee ID #**

**Location**

**Employee Email**

**Seniority Date**

**Employee Phone**

**Employee Address**

**Date of Violation**

**Provision(s) of CBA Violated**

**Manager Answer**

**Date of Answer**

**Remedy**

**Facts**

**Union Representative**

**Employee Signature**