ON OF MACHINIS	Step 1 Grievance Form
	District 141
	International Association of
WHAT NI X SHAMBOR	Machinists and Aerospace Workers

Employee Nam	Machinists and Aerospace Workers I e		Date of Filing
Company Name	2	Employee ID #	Location
Employee Ema	il	Seniority Date	Employee Phone
Employee Addr	ess		

Date of Violation	Provision(s) of CBA Violated		
Manager Contacted		Date	
Remedy			

Facts



Union Representative

Employee Signature