

District Council 16

GRIEVANCE INFORMATION REQUEST FORM

To (insert the name of the foreman/supervisor and the company)

Information Requested (such as wage history of workers employed, daily work reports, company rules, medical records related to the grievance, disciplinary and performance record of grievant)

Date Presented to Management _____

District Council 16 Steward _____

Received by _____ Date _____
(initial or signature)

IUPAT Local (#) _____ (State) _____