

District Council 16

GRIEVANCE REPORT FORM

IUPAT Local (#) _____ (State) _____

Date _____

Employee's Name _____

Craft _____ Status (Journeyman, etc.) _____

Employer _____ Shift _____

Hire Date _____ CBA _____

Section/s Violated

Nature of Grievance

Remedy Desired

Management Action

Date _____

Signature _____