

**The International Association of Machinists  
and Aerospace Workers  
District Lodge 4, Local Lodge 24  
Grievance Form**



<b>Grievance Number:</b>	
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<b>Date:</b>	<b>Company:</b>
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<b>Branch:</b>	<b>Section:</b>
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<b>Grievant's Name:</b>	<b>Grievant's Manager:</b>
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<b>Grievant's Address:</b>	<b>Street:</b>
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<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
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<b>Grievant's E Mail :</b>	<b>Grievant's Phone:</b>
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**Shop Steward:**

**Article and Section of Collective Bargaining Agreement Violated Including But Not Limited To:**

**Nature of Grievance:**

**As a Resolution to This Grievance: To be made whole in all respects**

<b>Grievant Signature:</b>		<b>Shop Steward Signature:</b>	
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<b>Step 1:</b>	Date:	Union Representative:
Company Representative:		Date of Company's Answer:
<b>Step 2:</b>	Date:	Union Representative:
Company Representative:		Date of Company's Answer:
<b>Step 3:</b>	Date:	Union Representative:
Company Representative:		Date of Company's Answer:
<b>Step 4:</b>	Date:	Union Representative:
Company Representative:		Date of Company's Answer:

<b>Date:</b> <i>(Date handed to company representative)</i>	<b>Union Representative:</b> <i>(Who turned grievance into company representative)</i>
<b>Company Representative:</b> <i>(Who received Grievance)</i>	<b>Date of Company's Answer:</b> <i>(When union received answer)</i>