



Grievance Information Sheet

Local 3204

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This document will not save to your computer! You must print it out, SIGN IT, and fax it to the Union!

Grievant's Name: _____ Member? _____ Grievance # _____

DATE OF OCCURRENCE: _____ Date called/faxed: _____ Last 4 digits of SS# _____

Home Address: _____ City: _____ Zip: _____

Home TN _____ Wk TN _____ Cell/Pager TN _____

Home Email _____ Work Email _____

Company _____ Dept _____

Work Location _____ Floor: _____

Job Title _____ Seniority Date ____/____/____

Normal Working Hours _____

1st line Supervisor _____ TN _____

2nd line Supervisor _____ TN _____

District Manager _____ TN _____

Work Location _____

If you were disciplined, what level? Counseling ____ Warning ____ Suspension/LILO Suspension ____ Termination ____

Nature of Grievance _____

Selection Grievance Requisition # _____

*****To be filled out by the Local*****

Date assigned to Union Rep _____ Name of Steward Assigned _____

Date of Informal Meeting _____ Date submitted for Request of Formal Meeting (submitted 3G3s) _____

Date of Formal Meeting _____

Date assigned to CVP _____ CVP Assigned: _____



I hereby give consent to the inspection by any authorized Union Representative of any records kept by the Company which may affect the conditions of my employment, which may include Security Reports, Medical Records, Opinions, Police Reports, Court Records or Reports, or any other information which may be relevant and necessary to allow the Union to protect my rights under the Working Agreement between the Union and the Company. This authorization is given in accordance with the existing agreement between the Union and the Company.

Signed _____ Date ____/____/____