United Industrial, Service, Transportation, Professional and Government Workers of North America

Affiliated with the Seafarers International Union, Atlantic, Gulf, Lakes and Inland Waters, AFL-CIO 5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ (301) 899-0675 ■ www.uiwunion.org

Employee Grievance Form

Grievance No.:	Date of Grievance:	Company:	
Grievance Status: Step 1 Step 2	Step 3	Received by Company:	
Employee:		Hire Date:	Position:
Steward:		Department:	
		Manager/Supervisor:	
	Noture of	Culavanaa	
Nature of Grievance			
Requested Settlement			
I, as an employee covered by a collectiv ("Union"), grant the Union and its delegat	re bargaining agreement with the United Indu ed representative(s) the authority to present, r	strial, Service, Transportation, Profes egotiate and bargain on my behalf reg	sional and Government Workers of North America garding this grievance.
("Union"), grant the Union and its delegat I understand that I shall be bound by the	ed representative(s) the authority to present, r	egotiate and bargain on my behalf reg nnce and I certify that the above infor	sional and Government Workers of North America garding this grievance. mation is true and correct and I have provided this
("Union"), grant the Union and its delegat I understand that I shall be bound by the information with the understanding that	ed representative(s) the authority to present, r e disposition made by the Union of said grieva	egotiate and bargain on my behalf reg nnce and I certify that the above infor	garding this grievance. mation is true and correct and I have provided this

RPM - 068 - 05/20 Page 1 of 2

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Company Response			
I, as an authorized representative of the employer herewithin under a collective bargaining agreement with the United Industrial, Service, Transportation, Professional and Government Workers of North America ("Union"), understand that I shall be bound by my disposition made regarding this grievance and I certify that the above information is true and correct and I have provided this information with the understanding that the Union will rely on the information for the purposes of this grievance.			
Employer Representative:	Job Title:		
Signature:	· · · · · · · · · · · · · · · · · · ·		
UIW REPRESENTATIVE USE ONLY————————————————————————————————————			
is the final decision regarding this grievance a satisfactory outcome? \Box Yes \Box No	Has this grievance been appealed by any of the parties involved? Yes No		
UIW Representative Signature:	Date Signed:		
RPNC - 068 - 05/20	Page 2 of 2		