



**Employee Grievance Form**

**Company Response**

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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:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**UIW REPRESENTATIVE USE ONLY**

Is the final decision regarding this grievance a satisfactory outcome?  Yes  No      Has this grievance been appealed by any of the parties involved?  Yes  No

**UIW Representative Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

