

UNITED FOOD & COMMERCIAL WORKERS UNION LOCAL 152

GRIEVANCE REPORTING FORM

PLEASE PRINT OR TYPE INFORMATION

Grievance Number _____ Date _____ 20____
 (Local Union Use)

_____ (_____) _____
 Full Name of Member Home Phone Number

_____ Last 4 digits of Social Security Number

_____ City State Zip Code Company Phone Number

Date of Hire – Full Time Date of Hire – Part Time Name of Company Location and/or Store Number

Male Female

_____ Title & Dept. No. Rate of Pay

NATURE OF GRIEVANCE Check one or more. If Grievance is not listed below, check *other* and explain.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Discharge – date occurred _____ | <input type="checkbox"/> Security | <input type="checkbox"/> Register Procedure | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Suspension – date occurred _____ | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Pay Discrepancy | <input type="checkbox"/> Company Policy |
| <input type="checkbox"/> Lay off date _____ | <input type="checkbox"/> Tardiness | <input type="checkbox"/> Work Schedule | <input type="checkbox"/> <i>Other</i> |
| <input type="checkbox"/> Resignation date _____ | <input type="checkbox"/> Insubordination | | |

EXPLAIN AND GIVE DETAILS: _____

MEMBER'S SIGNATURE _____

------(FOR LOCAL 152 USE ONLY)-----

UNION REPRESENTATIVES INFORMATION AFTER INTERVENTION AND INVESTIGATION

- | | | |
|---|---|--|
| <input type="checkbox"/> RESULTS | <input type="checkbox"/> RECOMMENDATION | <input type="checkbox"/> BOTH |
| <input type="checkbox"/> Discharge _____ | <input type="checkbox"/> Arbitration | <input type="checkbox"/> Reinstated without back pay <input type="checkbox"/> S/S present |
| <input type="checkbox"/> Suspension _____ | <input type="checkbox"/> Resumed work – Date _____ | <input type="checkbox"/> Written warning notice # _____ <input type="checkbox"/> Case pending |
| <input type="checkbox"/> Lay off _____ | <input type="checkbox"/> Transferred to _____ | <input type="checkbox"/> Resolved case Date _____ <input type="checkbox"/> Member signed statement |
| <input type="checkbox"/> Quit _____ | <input type="checkbox"/> Reinstated with back pay | |
| <input type="checkbox"/> Received Increases \$ _____ Date _____ | <input type="checkbox"/> Gave member right to appeal _____ Date _____ | |
| <input type="checkbox"/> Retroactive pay \$ _____ Date received _____ | | |

UNION REPRESENTATIVE _____ Submitted on _____ 20____

White Copy: UNION

Yellow Copy: EMPLOYEE

Pink Copy: EMPLOYER