REQUEST FOR FORMAL GRIEVANCE MEETING

1. Name of Grievant(s):

2. Date of Informal Meeting with Management:

3. Company Representative(s) in Attendance:
   (Note Spokesperson with a checkmark ✓)

4. Union Representative(s) in Attendance:

5. Grievant(s) in Attendance:

6. Issue Involved/Contract Section Involved:

7. Date Grievance Occurred:

8. Meeting Requested:        Date:
   Time:
   Place:

9. Union Representative who will attend:

10. Grievant(s) who will attend:

11. Reply to Request should be directed to:
    Name:        Address:  
    (Street / City / State / Zip)

12. Additional Information Relevant to Grievance:

13. Reply to request should be directed to:
    Name:        Address:  
    (Street / City / State / Zip)

__________________________________________________________________________

Signature

Note: This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.