



LOCAL 6143

COMPANY OR STAFF _____

LOCAL CASE# _____

1. Name of Grievant _____ NCS _____

2. Home Address _____ Home# _____

3. Job Title _____ DEPARTMENT _____

4. CITY _____ WK LOCATION _____ WORK# _____

5. SEX _____ ETHNIC Anglo Hispanic Black Other SOC. SEC. # _____

6. Date incident occurred _____

7. Steward taking complaint _____ date received _____

8. Date Company notified of grievance _____

9. Grievance filed _____ to _____
Date Union Rep Company Rep

10. COMPLAINT _____

11. Violation of Article(s): _____

12. What past practices apply: _____

13. What settlement is expected: _____

14. Company answer at 1st step _____

Date of answer _____

15. Company answer at 2nd step _____

Date of answer _____

16. Company answer at 3rd step _____

Date of answer _____

GRIEVANT'S AUTHORIZATION TO OBTAIN PERSONAL RECORDS

I DO HEREBY GRANT PERMISSION FOR THE UNION TO EXAMINE, REVIEW, AND OBTAIN COPIES, WHERE THEY ARE NECESSARY, OF ANY AND ALL PORTIONS OF MY PERSONAL RECORDS, MAINTAINED BY THE COMPANY, NECESSARY TO PROCESS A GRIEVANCE IN MY BEHALF. I UNDERSTAND ALL INFORMATION AND DISCUSSIONS OF A PERSONAL NATURE PERTAINING TO THESE RECORDS OR COPIES OF SAME WILL BE HELD IN STRICT CONFIDENCE UNLESS OTHERWISE STATED BY ME.

SIGNATURE OF GRIEVANT _____ DATE _____

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