

United Food and Commercial Workers Union, Local 1059 – Grievance Form

Please Print And Fill Out Completely

Union Grievance # _____

Union Rep. _____

Name _____	Employer _____	Location _____
Address _____	Mgr./Suprv. _____	
City/State/Zip _____	Class./Dept. _____	
Phone # _____	Employer Address _____	
SS # _____	Rate of Pay _____	City/State/Zip _____
Date of Hire/F.T.-P.T. _____		Phone # _____

Article # Violated and Date _____

Description Of Grievance _____

Grievant's Signature/Date

Remedy Requested _____

Date of Step 1 Meeting _____	Date Settled _____
Date of Step 2 Meeting _____	Date Dropped _____
Date of Step 3 Meeting _____	Witness/Present _____
Arbitration _____	_____