

## GRIEVANCE INFORMATION

FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

GRIEVANCE NUMBER: \_\_\_\_\_

COMPANY \_\_\_\_\_ UNION \_\_\_\_\_

DATE OF OCCURANCE \_\_\_\_\_

BRIEF ISSUE \_\_\_\_\_

DATE OF COMPANY ANSWER \_\_\_\_\_

COMPANY ANSWER GIVEN BY \_\_\_\_\_

PLEASE CHECK: FIRST LEVEL \_\_\_\_\_ SECOND LEVEL \_\_\_\_\_

NCS \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**PLEASE FILL OUT THE ABOVE INFORMATION COMPLETELY AND  
SUBMIT WITH EVERY GRIEVANCE FILE. THANK YOU**