



**LOCAL 6 GRIEVANCE REPORT**

**GRIEVANCE #:** \_\_\_\_\_ **STEP #** \_\_\_\_\_ **DATE HEARD:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**SENIORITY DATE:** \_\_\_\_\_ **DEPT. NAME:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **SHIFT** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BUSINESS AGENT:** \_\_\_\_\_

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**SUMMARY OF HEARING (*Union's Position, Management's Position, disposition, etc.*)**

**Management**

**Union**

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