



# UNITED STEELWORKERS, LOCAL 1-1937 GRIEVANCE FORM

Employer \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Job Category \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Seniority \_\_\_\_\_ Foreman \_\_\_\_\_

Grievance \_\_\_\_\_

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Date Presented \_\_\_\_\_

Company Response \_\_\_\_\_

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Signatures: Grievor \_\_\_\_\_

Steward \_\_\_\_\_

Company \_\_\_\_\_