

# UAW Local 5000 Employee Grievance

Grievance Number: \_\_\_\_\_

---

Unit: \_\_\_\_\_

Name of aggrieved employee: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Classification: \_\_\_\_\_

Number and names of additional aggrieved employees: \_\_\_\_\_  
*(May attach list)*

Contract violation: \_\_\_\_\_ Oral discussion date: \_\_\_\_\_

---

Reason for grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific adjustment requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aggrieved employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Steward signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date received: \_\_\_\_\_

---

Supervisor response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request for second step

Union signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Date of second step meeting: \_\_\_\_\_

Written department head response: \_\_\_\_\_

\_\_\_\_\_

Department head signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request for third step

Union signature: \_\_\_\_\_ Date: \_\_\_\_\_