

LOCAL 282  
GRIEVANCE FORM

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Plt. \_\_\_\_\_ Date: \_\_\_\_\_

Grievance:

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Date of Occurrence: \_\_\_\_\_

Article(s) of Contract in Violation, Article XXVII; and any other applicable provisions of the Bargaining Agreement:

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Remedy Sought: \_\_\_\_\_

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Members Signature: \_\_\_\_\_

**(Please complete all sections above this line before filing at headquarters and copy Union)**

**(UNION OFFICE USE ONLY)**

Date of Step Three: \_\_\_\_\_ Union Rep: \_\_\_\_\_

City Response: \_\_\_\_\_

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Arbitrator: \_\_\_\_\_ Date of Arbitration: \_\_\_\_\_

Grievance Settlement: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

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