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OFFICE USE ONLY

GRIEVANCE#:	
DATE:	

GRIEVANCE OR CLAIM REPORT FORM

FULL NAME:	WORK LOCATION:
DEPARTMENT:	DATE OF HIRE:
UNION MEMBER #:	CURRENT JOB TITLE:
UNION REP./STEWARD:	

NATURE OF GRIEVANCE OR CLAIM

SETTLEMENT REQUESTED IN GRIEVANCE OR CLAIM

Grievance or Claim Checklist

- Step 1: Fill out Grievance-Claim Report within at least ten (10) working days of the occurrence or event.
- Step 2: Did your Supervisor and your Union Rep. meet to discuss and settle the grievance or claim?
- Step 3: If no settlement is reached in step (1) or (2) above, then the grievance or claim shall be reduced to writing and submitted to your employer's primary Supervisor within ten (10) days of the completion of step (2). The primary Supervisor and a designated Union Rep. or Steward shall then meet within ten (10) days to settle the grievance or claim.
- Step 4: If no settlement is reached for the grievance or claim, then your case shall be heard by an arbitrator to be designated by you and your employer (the parties). In the event both parties fail to mutually agree upon an arbitrator, either party may move to arbitration through the rules of arbitration as provided by the Federal Mediation and Conciliation Service. The arbitrator's decision shall be final and binding on all parties concerned. Any compensation required to be paid to the arbitrator shall be borne equally by the parties. The decision of the arbitrator shall be confined to the matter submitted to him for arbitration.

UNION MEMBER SIGNATURE: _____ DATE: _____

UNION REP. / STEWARD SIGNATURE: _____ DATE: _____