

OPEIU Local 8
GRIEVANCE FORM Step I or II
(check one)

PLEASE COMPLETE ALL ITEMS

Name of Grievant	Home Phone _____ / _____ Work Phone
Address	City _____ / _____ Zip Code
Date of Hire	E-mail
Job Title	Shop Steward
Date of Infraction	Employer
Contract Section(s) Violated	Supervisor

Briefly state the facts of the grievance using the checklist attached.

Remedy Sought:

Submitted by

Grievant

Date

Shop Steward

Date

OPEIU Local 8
UNION RECORD OF GRIEVANCE MEETING
Step I or II
(check one)

PLEASE COMPLETE ALL ITEMS

Shop Steward/Union Representative _____ Date _____

Union Member _____ Work Phone _____ Home Phone _____

Grievance: _____

Present at Meeting

For the Union: _____

For Management: _____

Union's Position: _____

Management's Position: _____

Parties in Agreement Concerning: _____

Remains at Issue: _____

Resolution: _____

Next Actions Required: _____

