



**INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 317  
GRIEVANCE FORM**

Employer: \_\_\_\_\_

Plant: \_\_\_\_\_

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

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

Date Alleged Violation Occurred: \_\_\_\_\_

Date Grievance Filed: \_\_\_\_\_

Violation of Contract, Article, (and any others that may apply): \_\_\_\_\_

Supervisor/Foreman Contacted: \_\_\_\_\_

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

Statement of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steward \_\_\_\_\_

Signature \_\_\_\_\_

Grievant \_\_\_\_\_

Signature \_\_\_\_\_

Additional Grievant(s): \_\_\_\_\_

\_\_\_\_\_

**Provide original to supervisor, and copies to steward, grievant(s) and union office.**