



UNITED STEELWORKERS, LOCAL 1-1937 GRIEVANCE FORM

Employer _____ Date _____

Name _____ Phone Number _____

Address _____ Postal Code _____

Job Category _____ Rate of Pay _____

Seniority _____ Foreman _____

Grievance _____

Date Presented _____

Company Response _____

Signatures: Grievor _____

Steward _____

Company _____

(Please make 3 copies: one for the Company, one for Committee, one for the Local Union)