



**INTERNATIONAL ASSOCIATION OF
MACHINISTS & AEROSPACE WORKERS
DISTRICT LODGE NO. 947
MACHINIST BUILDING • 535 W. WILLOW STREET
LONG BEACH, CALIFORNIA 90806**

FAX: 562-247-1122

DATE FILED _____

GRIEVANCE FORM
MAKE 3 COPIES

EMPLOYEE'S NAME _____ PHONE # _____

EMPLOYEE'S ADDRESS _____

CLASSIFICATION _____ DEPT _____ SHIFT _____ RATE OF PAY _____

COMPANY _____ ADDRESS _____

NATURE OF GRIEVANCE

REMEDY

NOTE: If additional space is needed use supplement form(s). Signed _____

DISPOSITION

DATE _____ SETTLEMENT _____

UNION REPRESENTATIVE _____ COMPANY REPRESENTATIVE _____

STEWARD _____ EMPLOYEE'S SIGNATURE _____

UNION BUSINESS REPRESENTATIVE: _____

UNION SHOP STEWARD: _____

LABOR MANAGER: _____

AUTO MANAGER: _____

PLANT ENGINEERING MANAGER: _____

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