

Grievance # _____

UFCW LOCAL 227 GRIEVANCE REPORT FORM

502-582-3508 OR (800) 443-5191

Press 0 for Grievance Number



Members Name _____ SS/Member# _____

Members Address _____ City _____ Zip _____

Members Home Phone (____) _____ Cell (____) _____ Email _____

Company _____ Work Location _____ Department _____

Date of Hire _____ FT Date _____ Rate of Pay _____ Job Class _____

Area Representative _____ Steward _____

Nature of Grievance or Complaint

Violation of Contract Article _____

Written ☐

Verbal Grievance ☐

Company Initiated/Discipline/Discharge

- ☐ Discharge/Suspended Pending
- ☐ Suspension
- ☐ Disciplinary Warning
- ☐ Demotion
- ☐ Final Warning
- ☐ Job Disqualification On Bid Jobs

Union Initiated Contract/Interpreted

- | | | |
|---|--|------------------------------------|
| ☐ Coverage/Recognition | ☐ No/Strike/No Lock Out | ☐ Safety |
| ☐ Union Security/Check Off | ☐ Union Activity/Rights | ☐ Seniority |
| ☐ Management Rights | ☐ Grievance/Arbitration Provision | ☐ Benefits |
| ☐ Shop/Working Conditions | ☐ Non-Discrimination/Harassment | ☐ Holidays |
| ☐ Promotions | ☐ Severability/Federal & State | ☐ Vacations |
| ☐ B/U Work/Jobs | ☐ Misc./General Provisions | ☐ Jury Duty |
| ☐ Worker's Comp | ☐ Job Postings/Bids | ☐ Wages |
| ☐ Lay-Off/Recall | ☐ Hours of Work | ☐ Transfers |
| ☐ Work Schedules | ☐ Leave of Absence | |
| ☐ Breaks/Rest Periods | ☐ Funeral Leave | |

Company Issue/Position (What did the Company do or not do to cause the grievance):

Date Occurred _____ Grievant Signature _____ Date _____

Union Position/Remedy _____

Meeting Date: 1st Step _____ 2nd Step _____ 3rd Step _____ Arbitration _____

Settlement: Details: _____

Date Settled: _____ ☐ Won ☐ Lost ☐ Terminated by Union ☐ Terminated by Member

Company Officials Present: _____

Settled by: ☐ Member ☐ Steward ☐ Area Representative ☐ Area Director ☐ Officer

Area Director _____ ☐ In LUGS ☐ Letter Sent

[Give employer copy within the contract time limits under the Grievance procedure]