



**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.