WESTERN MICHIGAN AREA LOCAL
Grievance Complaint Information

complete and submit to your steward or fax to the union office

Employee Name _____ **SSN/EID** _____

Full Address (Include City and Zip) _____

_____

Phone Number _____ **Seniority Date** _____

Work Hours _____ **SDO** _____

Step/Level _____ **Place of Work/PL** _____

Supervisor's Name_____ **VET?** ____ **Today's Date** _____

FTR ☐ **PTF** ☐ **PTR** ☐

Complete and Accurate Details of Event(s):

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Signature/Date _____