## WESTERN MICHIGAN AREA LOCAL #281 (APWU) Grievance Complaint Sheet / Information Complete and submit to your steward (contact the union office directly if no steward is available at the below numbers)

Employee Name:	Employee ID (EIN)#		
Full Address (include your Ci	ty and Zip):		
	E-Mail:		
Phone Number:			
Work Hours:	SDOs:	Craft Seniority:	
Step/Level:	Place of Work / Pay Location	: Veteran?:	
Supervisor's Name:		Today's Date:	
Status: (Please check): 1	FTR NTFT PTF P	TR PSE	
Complete and Accurate Details of Event(s):			
		<del>-</del>	

(Use Reverse Side for more space)

Signature/Date: