

UAW-LOCAL 6000 GRIEVANCE FORM

GRIEVANCE NUMBER		
DEPARTMENT (AGENCY)	CLASS & LEVEL	
WORK ADDRESS	EMPLOYEE I.D. NUMBER	
NAME(S)	ADDRESS	
THIS IS A DIRECT APPEAL TO <input type="checkbox"/> STEP 2		
STATEMENT OF GRIEVANCE		
FACTS (WHEN, WHO, WHAT, WHERE,)		
CONTRACT SECTIONS VIOLATED		
RELIEF SOUGHT		
GRIEVANT'S SIGNATURE	DATE APPEALED	
DESIGNATED REP'S NAME AND ADDRESS		
STEP 1 ANSWER (Employer use only)		
DATE GRIEVANCE RECEIVED	DATE GRIEVANCE MEETING	
SIGNATURE	DATE GIVEN/MAILED	GRIEVANCE SETTLED <input type="checkbox"/> SEE ATTACHED SETTLEMENT
		DATE RECEIVED
UNION USE ONLY		
<input type="checkbox"/> Resolved by Step 1 Answer <input type="checkbox"/> Withdrawn <input type="checkbox"/> To Be Appealed To Step 2		
UAW DESIGNATED REP'S SIGNATURE	DATE	REP'S TELEPHONE NUMBER

OSE/UAW-1 (R1/19)

Complete instructions for initiating a grievance and requirements for use of this form are found in Article 8, Grievance Procedure, UAW and State of Michigan contract. Attach additional sheets if necessary. Instructions on back.