

**GRIEVANT'S STATEMENT
LOCAL 4108**

Name _____ Job Title _____

Address _____

Home Phone _____ Work Phone _____

Business Unit _____ Work Location _____

Seniority Date _____ Supervisor _____

Steward _____ Rate of Pay _____

Age _____ Sex _____ Race _____
(if relevant) (if relevant) (if relevant)

Date grievance filed _____ Filed with (name) _____

Date of contract violation or events causing grievance _____

Contract article(s) or other agreements grieved _____

I, _____, the undersigned, do hereby grant permission for all union representatives involved to examine, review, and obtain copies, where they deem necessary, of any and all portions of my personal records, including medical records, maintained by the Company.

Signed _____

Date _____

