

Preliminary Grievance Statement

Name: _____ Home Number: _____ Work Number: _____
Home Address: _____ NCS Date: _____
Supervisor's Name: _____ Today's Date: _____ Date of Incident: _____
Work Address: _____ Steward's Name: _____
Rate of Pay: _____ Additional Contact Numbers: _____

Describe what happened: _____

Why do you feel this is unfair? _____

Expected settlement: _____

(Use additional pages if necessary for any of the above)

Grievant Signature _____ Date: _____

Release of Personal and/or Medical Records

I, the undersigned do hereby grant permission for all Union Representatives involved to examine, review and obtain copies when necessary, of any and all portions of my personal and/or medical records maintained by the Company, which are necessary to process a grievance in my behalf. I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signed: _____ Date: _____

For Stewards use only: Steward's Name: _____
Date received: _____