

GRIEVANCE STATUS REPORT

GRIEVANCE# _____

1. GRIEVANT'S NAME _____
2. ISSUE INVOLVED _____
3. DATE GRIEVANCE OCCURED _____ 60 DAY LIMIT _____
4. DATE REFERRED TO STEWARD _____ STEWARD INVOLVED _____
5. DATE OF INITIAL CONTACT WITH 1ST LEVEL _____ DATE OF 1ST LEVEL _____
6. UNION REPS AT 1ST LEVEL 1. _____ 2. _____
7. COMPANY REPS AT 1ST LEVEL 1. _____ 2. _____
8. TIME CONSUMED _____ GRIEVANT ATTENDED YES NO
9. DATE COMPANY NOTIFIED OF DECISION _____ RECESSED ON/OFF _____
10. DATE GRIEVANT NOTIFIED OF DECISION _____
11. DECISION: APPEAL SETTLE REJECT
12. DATE 3G3R MAILED TO COMPANY _____
13. DATE OF 2ND LEVEL _____ RECESSED ON /OFF _____
14. UNION REPS AT 2ND LEVEL 1. _____ 2. _____
15. COMPANY REPS AT 2ND LEVEL 1. _____ 2. _____
16. TIME CONSUMED _____ GRIEVANT ATTENDED YES NO
17. DATE COMPANY ANSWERED 3G3A FORMS _____ FAX MAIL
18. DATE COMPANY NOTIFIED OF DECISION ON 2ND LEVEL MEETING _____
19. DECISION: APPEAL SETTLE REJECT
20. DATE FAXED COPY OF 3G3A TO STAFF REP'S OFFICE _____
21. DATE GRIEVANT NOTIFIED OF DECISION OF 2ND LEVEL _____
22. DATE WRITE-UP MAILED TO STAFF REP'S OFFICE _____
23. DATE LETTER RECEIVED FROM STAFF REP ON DECISION _____
24. DECISION: APPEAL REJECT
25. DATE GRIEVANT NOTIFIED OF STAFF REP DECISION _____