



# GRIEVANCE FORM

INLANDBOATMEN'S UNION OF THE PACIFIC  
PUGET SOUND REGION

Date _____
Grievance No. _____

PLEASE PRINT

Grievant \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Company \_\_\_\_\_ Vessel/Terminal \_\_\_\_\_

Date of grievance \_\_\_\_\_

Nature of grievance  Discharge  Seniority  Pay  Maint. and Cure  Other \_\_\_\_\_

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ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Contract rule applicable \_\_\_\_\_

Witnesses \_\_\_\_\_

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Settlement requested \_\_\_\_\_

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Signature of grievant \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Grievance filed with (Union Official) \_\_\_\_\_

## FOR UNION USE ONLY

Disposition of grievance _____	Grievance Step	
	_____	1
_____	2	
_____	3	
Date of settlement _____ Company Representative _____	4	
Grievant _____ Union Official _____	5	

OPETUS