

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: \_\_\_\_\_