

BORON OPERATIONS
GRIEVANCE REPORT FORM

Grievance No. _____

Date: _____

Employee Name: _____ Department: _____

Job Classification: _____ Immediate Supervisor: _____

STATEMENT OF GRIEVANT (Please state contract clause violation):

Union Officer Signature: _____

Date of incident causing complaint: _____

Date discussed with immediate supervisor (*within 10 working days of incident*): _____

Date delivered to superintendent (*within 5 working days of discussion with immediate supervisor*): _____

Employee Signature: _____

Steward Signature: _____

Received in HR on: _____ Superintendent Signature: _____