



# GRIEVANCE REPORT

AUTOMOBILE MECHANICS LOCAL NO. 701  
500 West Plainfield Road Countryside, Illinois 60525  
708 482-1720

INTERNATIONAL ASSOCIATION of MACHINISTS  
and AEROSPACE WORKERS

I hereby authorize the Union to act as my designated agent in the processing of this grievance and hereby authorize the Union to settle, withdraw or take any other action on my behalf.

TODAY'S DATE \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

Date of Violation \_\_\_\_\_

Contract Violation \_\_\_\_\_ Article \_\_\_\_\_ Section \_\_\_\_\_ Other \_\_\_\_\_

Nature of Grievance \_\_\_\_\_

Settlement Desired: \_\_\_\_\_

- To be made whole for all losses.
- Reinstatement with full seniority and all rights.

SIGNED: X \_\_\_\_\_  
(aggrieved employee)

\_\_\_\_\_  
(Union Representative)

COMPANY'S ANSWER: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

THIS GRIEVANCE WAS DISCUSSED BY THE UNDERSIGNED WITH \_\_\_\_\_

COMPANY REPRESENTATIVE ON \_\_\_\_\_ (date) SIGNED \_\_\_\_\_

WAS COMPLAINT SETTLED? YES  NO

If "NO", was grievance referred to next step of Grievance Procedure

YES  NO  DATE: \_\_\_\_\_  
Signature of Union Representative

HAS THE EMPLOYEE BEEN NOTIFIED OF DECISION? YES  NO