

Washington-Baltimore Newspaper Guild

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Grievance Form

(Fax to Local upon Filing)

UNIT: _____ DATE: _____ GRIEVANCE # _____

Grievant (Employee name: PLEASE PRINT): _____

Department: _____

Job Classification: _____

Work Phone: _____ Home Phone: _____

Statement of Grievance: _____

(Please use additional paper if necessary)

Contract reference, if any: _____

Is this grievance a result of change(s) in past practice? If so, please give details: _____

Signature of Steward _____ Date: _____

Signature of Grievant _____ Date: _____

Remedy Sought: _____

(Please use additional paper if necessary)

(For Guild Use Only)

Disposition of Grievance: _____

Grievant's Chairperson

Date