



This form is to be sent to the Employer.  
**CSO GRIEVANCE FORM**  
**UGSOA**

Follow exact procedure and time limits outlined in CBA grievance / Arbitration Procedure  
(Incomplete forms will not be processed).

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**Date Filed:** \_\_\_\_\_ **Local No.:** \_\_\_\_\_ **Site Supervisor (Non-bargaining unit):** \_\_\_\_\_

**GRIEVANCE NO.:** \_\_\_\_\_

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**Name of the Aggrieved:** \_\_\_\_\_ **Shift:** \_\_\_\_\_ **Building/Dept:** \_\_\_\_\_

**Union Rep Name/Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Section of Contract Violated:** \_\_\_\_\_ **Article:** \_\_\_\_\_ **Section:** \_\_\_\_\_

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**Description of Grievance (attach additional sheets as needed):**

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**Adjustment Desired:**

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**Signature of Aggrieved:** \_\_\_\_\_ **Steward Signature:** \_\_\_\_\_

**Date of Informal:** \_\_\_\_\_ **Spoke to Site Supervisor:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

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**Date 1<sup>st</sup> Written Step to Contract Manager** \_\_\_\_\_ **Date Answer Received** \_\_\_\_\_

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**Date 2<sup>nd</sup> Written Step to Human Resources** \_\_\_\_\_ **Date Answer Received** \_\_\_\_\_

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**Date 3<sup>rd</sup> Written Step (Demand for Arbitration) to Human Resources** \_\_\_\_\_ **Date Answer Received** \_\_\_\_\_

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**Executive Board Signature** \_\_\_\_\_