



GRIEVANCE STATEMENT SAN ANTONIO ALAMO AREA LOCAL

GRIEVANT PERSON OR UNION (LAST NAME FIRST)		ADDRESS			CITY & STATE		ZIP
EIN	PHONE/CONTACT #		E-MAIL ADDRESS			CRAFT	
SENIORITY DATE	FTR/PTR/PSE	LEVEL	STEP	DUTY HOURS / TOUR	SDO	VETERAN	
PAY LOG.	WORK LOCATION		SUPERVISOR		DATE OF INCIDENT/BECAME AWARE		

TODAYS DATE: _____

PROBLEM: _____

REQUESTED REMEDY: _____
