MINUTES OF GRIEVANCE MEETING FORM

FIRST STEP
COMPANY # _____

LOCAL # _____

EMPLOYER: _____

AGGRIEVED: _____

UNION COMMITTEE:

_____
_____
_____
_____
_____

DATE: _____

TIME IN: _____

TIME OUT: _____

EMPLOYER COMMITTEE:

_____
_____
_____
_____
_____

UNION COMMENTS	EMPLOYER COMMENTS

UNION COMMENTS	EMPLOYER COMMENTS