

LOCAL 2001

1. **NAME OF AGGRIEVED:** _____

2. **DATE OF FIRST STEP MEETING:** _____

3. **MANAGEMENT PERSON PRESENTED TO:** _____

4. **DATE ANSWER GIVEN:** _____

5. **COMPANY'S ANSWER** _____

Satisfactorily Settled []

Closed []

Appealed []

6. **IF APPEALED PLEASE GIVE YOUR JUSTIFICATION FOR APPEAL:**

Company Grievance No. _____

Director: _____

UNION OFFICER HANDLING GRIEVANCE

**2512 Kanawha Boulevard, Est
Charleston, WV 25311
Telephone: 304/344-2001**