Grievance Form

United Food & Commercial Workers, Local 27

21 West Road, Baltimore, MD 21204 410-337-2700 fax 410-337-0266

- All forms must be submitted to:
  1) Local 27 by fax at 410-337-0266, 2) hand-delivered to company, 3) copy to your Shop Steward for informational purposes if not submitted by Shop Steward.
- After any grievance is submitted by fax, the person who submits it should follow up with a phone call to their Union Representative to verify that it has been received.
- Please write clearly and legibly.

Name of Grievant:_____ Date Submitted:_____

Date of Incident:_____ Company:_____

Store/Location:_____ Store/Location Phone#:_____

Store/Location Manager:_____

This Grievance Filed by (select one): Shop Steward - YES NO Member on behalf of self

Shop Steward's Name:_____

Shop Steward's Contact Phone(s):_____

Grievant's Information:

Phone (h):_____ Phone (c):_____

Email:_____

Home Address:_____

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Detailed Explanation of Grievance:

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Signature of person submitting grievance:_____