



GRIEVANCE STATEMENT

SAN ANTONIO ALAMO AREA LOCAL #195

GRIEVANT PERSON OR UNION (LAST NAME FIRST)		ADDRESS		CITY & STATE		ZIP
EIN		PHONE/CONTACT#		EMAIL ADDRESS		CRAFT
SENIORITY DATE		FTR/PTR/PSE	LEVEL	STEP	Duty Hours / Tour / SDO	VETERAN (YES/NO)
PAY LOC.	WORK LOCATION		SUPERVISOR		DATE OF INCIDENT/BECAME AWARE	

TODAYS DATE: _____

Signature/Date