# GRIEVANCE STATEMENT
# SAN ANTONIO ALAMO AREA LOCAL #195

| Grievant/Person Or Union (Last name first) | Address | City | State | Zip | Phone# |
|---|---|---|---|---|---|
| | | | | | |

| EIN | Craft | Status | Level | Step | Duty Hours | Days Off | E-mail |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Work Location / PL | Supervisor | Incident Date | Todays Date | Veteran? |
|---|---|---|---|---|
| | | | | |

Background:

Contractual Remedy:

Grievants Signature

Date