## KAISER ALUMINUM & CHEMICAL CORPORATION

**TRENTWOOD WORKS**

STEP 2 GRIEVANCE FORM

All spaces must be completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee’s Name: | Badge: | Department: | Griev.No.      | Position Title:      |
| Foreman’s Name: | Present Date: | Date Griev. Occurred: | Time of Griev. |
| Statement of Employee Grievance. Be Specific:  |
| Section of Contract relied upon or claimed to have been violated, if any: |
| Remedy Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed and delivered by Grievance Committeeman:Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Received and Signed by Superintendent or Company Representative:Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company’s Disposition:     Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Distribution of form: ACCEPTED [ ]

1 Copy: Industrial Relations Department REJECTED [ ]

1 Copy: Department WITHDRAW [ ]

2 Copies Union Grievance Committeeman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## KAISER ALUMINUM & CHEMICAL CORPORATION

**TRENTWOOD WORKS**

STEP 2 GRIEVANCE FORM

Statement of Grievance Continued