

USAW-RIUnited Service and Allied Workers of Rhode Island



USAW-RI GRIEVANCE FORM

	DATE:
EMPLOYEE'S NAME:	
DEPARTMENT	
PLACE OF EMPLOYMENT	
STATEMENT OF GRIEVANCE	
STEWARD'S SIGNATURE	
MEMBER'S SIGNATURE	
	DATE
SUPERVISOR'S SIGNATURE	

Phone: 401.751.0500 Fax: 401.751.0555

90 Printery Street Fax: 401.751.0555
Providence, RI 02904 E-Mail: usawri2@aol.com