GRIEVANCE APPEAL

MUST BE RECEIVED
BY OUR OFFICE NO LATER THAN: _____

DATE: _____

GRIEVANT Name:_____

Address:_____

City _____ State _____, Zip Code _____

Telephone: _____

Alternate Telephone Number: _____

Employer: _____

Date of Grievance:_____

I appeal the decision of the Grievance Review Committee, for the following reasons (attach additional pages if necessary):

_____

_____

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_____
SIGNATURE

PLEASE RETURN THIS FORM IN THE ENCLOSDED ENVELOPE TO: LEGAL DEPARTMENT
2604 FOURTH STREET, DETROIT, MI 48201