



**Communications
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GRIEVANCE MINUTES FORM

<input type="checkbox"/> First Step <input type="checkbox"/> Second Step <input type="checkbox"/> Third Step	<input type="checkbox"/> Presentation <input type="checkbox"/> Answer <input type="checkbox"/> Additional	Grievance # _____ Aggrieved _____ _____
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Union Committee	Meeting Date _____	Company Committee	Mgmt'. Level
_____	<input type="checkbox"/> Time In	_____	_____
_____	<input type="checkbox"/> Time Out	_____	_____
_____	<input type="checkbox"/> Number of Recesses	_____	_____
_____	<input type="checkbox"/> Number of Off-The-Record	_____	_____
_____		_____	_____

