

**LOCAL 175 UWUA**  
**Vectren**  
**REQUEST FOR SECOND STEP GRIEVANCE MEETING**

**Date submitted:** \_\_\_\_\_

**Grievant(s):** \_\_\_\_\_

**Grievant(s) steward:** \_\_\_\_\_

**Operating Service Area:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Area Representative:** \_\_\_\_\_

**Signature and Date received by Supv. / Regional Manager:** \_\_\_\_\_

\_\_\_\_\_

**Settlement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Representative:** \_\_\_\_\_

**Union Representative:** \_\_\_\_\_

**\* Forward Copies To Area rep., Labor Relations and Local 175 Union Hall**