

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS®

Grievance Form and Record of Proceedings

L. U. _____

Co. _____

Grievance No. _____

NAME _____ DATE _____ TIME _____ A.M./P.M.
EMPLOYEE I.D. No. _____ DEPT. _____

STATE GRIEVANCE: _____

SETTLEMENT REQUESTED: _____

SIGNED _____
AGGRIEVED EMPLOYEE

SIGNED _____
UNION REPRESENTATIVE

COMPANY'S REPLY TO GRIEVANCE: _____

IS DECISION SATISFACTORY? YES _____ NO _____
HAS CASE BEEN APPEALED? YES _____ NO _____
SIGNED _____ DATE _____
UNION REPRESENTATIVE

UNION'S REPLY: _____

SIGNED _____ DATE _____
UNION REPRESENTATIVE

COMPANY'S REPLY: _____

IS DECISION SATISFACTORY? YES _____ NO _____
HAS CASE BEEN APPEALED? YES _____ NO _____
SIGNED _____ DATE _____
UNION REPRESENTATIVE

UNION'S REPLY: _____

SIGNED _____ DATE _____
UNION REPRESENTATIVE

COMPANY'S REPLY: _____

IS DECISION SATISFACTORY? YES _____ NO _____
SIGNED _____ DATE _____
UNION REPRESENTATIVE

CASE APPEALED BY: UNION _____ DATE _____
COMPANY _____

(IF SPACE IN ANY STEP IS INADEQUATE, ATTACH SEPARATE SHEETS)