

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

GRIEVANCE FORM AND



RECORD OF PROCEEDINGS

IBEW LOCAL 965 COMPANY: _____ GRIEVANCE NO. _____

DATE: _____ DEPARTMENT: _____ TIME: _____ AM/PM _____

NAME: _____ EMPLOYEE I.D. NO. _____

STATE GRIEVANCE: _____

SETTLEMENT REQUESTED: _____

AGGRIEVED SIGNATURE: _____

REPRESENTATIVE SIGNATURE: _____

COMPANY'S REPLY TO GRIEVANCE: _____

COMPANY SIGNATURE: _____ DATE: _____

IS DECISION SATISFACTORY? YES ___ NO ___ HAS CASE BEEN APPEALED? YES ___ NO ___

UNION REP. SIGNATURE: _____ DATE: _____

IF ANY SPACE IN ANY STEP IS INADEQUATE. ATTACH SEPARATE SHEETS.