



IBEW LOCAL 363

Email: newcity363@gmail.com
FAX (845) 215-0062 or (845) 215-0197

GRIEVANCE REPORT

Company:

Address:

IBEW Local Union No 363

Division, Unit:

Grievant:

Submitted By:

Classification:

Department:

Submitted to:

Alleged Violation of Article:

Section:

Page:

Re:

(Specific nature of grievance. The occurrence, date and circumstances causing the grievance should be covered enough in detail to permit easy identification of alleged violation).

Date Submitted:

Signed:

COMPANY FIRST STEP ANSWER:

Date:

UNION SECOND STEP:

Date:

COMPANY SECOND STEP ANSWER:

Date:

UNION ARBITRATION REQUEST:

Date:
