



IBEW LOCAL 363

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GRIEVANCE REPORT

Company:

Address:

IBEW Local Union No 363

Division, Unit:

Grievant:

Submitted By:

Classification:

Department:

Submitted to:

Alleged Violation of Article:

Section:

Page:

Grievance #:

(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:

DECISION - SETTLED OR ARBITRATED:

Date:
