



LOCAL 827

International Brotherhood of Electrical Workers AFL-CIO

263 Ward Street , East Windsor , NJ 08520

(609) 443-4100

GRIEVANCE REPORT

(Type or Print — Press Firmly, You Are Making Four Copies)

DIVISION
UNIT #
DIV. #
HEAD. #

Name of Grievant(s) _____ Date _____

Title/Work Location _____

Nature of Grievance _____

STEWARD'S REPORT

Social Security No. _____

What happened/When and where _____

Date presented to foreman _____ Answer/and Date _____

Date presented to 2nd line _____ Answer/and Date _____

HAS EMPLOYEE BEEN WARNED PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	Form of Warning	WHEN WARNED and BY WHOM		
	Verbal	1st Warning	2nd Warning	3rd Warning
	Written			

Continue on Separate Sheet if Necessary

Grievant's Signature _____

Steward's Signature _____

Date referred to Chief Steward _____

This is a Union Form Not to Be Given to the Company