## INTERNAL GRIEVANCE FORM (1) I.B.E.W. L.U. NO.817 **FAX # (845)765-2074**

NOTE: This form is to be used when you feel you may have been grieved. Your Local Shop Committee has been instructed to assist you if you need any help completing the forms. Do NOT present the forms to Management. When completed, return the forms to your Local Shop Committee who will forward these forms to our office for handling.

To: (Local Shop Committeeman):  I feel that I have been grieved and request that L.U. 817 handle this matter on my behalf.				
			NAME, ADDRESS & TELEPHONE OF CLAIMANT: (NOTE: IF THERE ARE MULTIPLE CLAIMANTS, FORM (2) MUST ALSO BE COMPLETED)	
			E-MAIL ADDRESS CELL PHONE NO. RAILROAD: DEPARTMENT:	
WORK HEADQUARTERS:				
SENORITY DATE & EMPLOYEE NO. :				
AT TIME OF CLAIM- TOUR OF DUTY, DAYS OF REST AND RATE OF PAY:				
FOREMAN:				
DATE OF OCCURANCE:				
RULES VIOLATED: (NOTE: IF PAST PRACTICE WAS VIOLATED, ALSO COMPLETE FORM (3).				

## INTERNAL GRIEVANCE FORM (2) I.B.E.W. L.U. NO. 817

Additional Claimants for Grievance:	
Name, Address & Telephone No of Claimant:	
E-MAIL ADDRESS	
L WITE TIDDICESS	
DEPARTMENT:	
WORK HEADQUARTERS:	
0	
SENORITY DATE & EMPLOYEE NO.:	
AT TIME OF CLAIM- TOUR OF DUTY,	
DAYS OF REST AND RATE OF PAY:	
DATS OF REST AND RATE OF LAT.	
FOREMAN:	
FOREMAIN:	
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Additional Claimanta for Crisman	
Additional Claimants for Grievance:	
Name, Address & Telephone No of Claimant:	
T MAN ARREST	
E-MAIL ADDRESS	
DEPARTMENT:	
WORK HEADQUARTERS:	
WORK HERE COMMERCE.	
SENORITY DATE & EMPLOYEE NO.:	
DENORTT DITTE & EMI LOTLE NO	
AT TIME OF CLAIM, TOUD OF DUTY	
AT TIME OF CLAIM- TOUR OF DUTY, DAYS OF BEST AND BATE OF DAY.	
AT TIME OF CLAIM- TOUR OF DUTY, DAYS OF REST AND RATE OF PAY:	

Date:
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DESCRIPTION OF CLAIM: (Briefly, being specific as possible, describe how you felt you were grieved. You may find it helpful if you think of the following: Who, What, Where & When you were grieved)		
Relief Desired:		
Signed by & Date:		
Received By & Date:		
Received by & Date.		

Revised 2019