

**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.**

**Today's Date:** \_\_\_\_\_

**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: \_\_\_\_\_

SENIORITY 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 \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

WORK HEADQUARTERS: \_\_\_\_\_

SENIORITY DATE & EMPLOYEE NO. : \_\_\_\_\_

AT TIME OF CLAIM- TOUR OF DUTY,  
DAYS OF REST AND RATE OF PAY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

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Additional Claimants for Grievance: \_\_\_\_\_  
Name, Address & Telephone No of Claimant: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

WORK HEADQUARTERS: \_\_\_\_\_

SENIORITY DATE & EMPLOYEE NO. : \_\_\_\_\_

AT TIME OF CLAIM- TOUR OF DUTY,  
DAYS OF REST AND RATE OF PAY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

