

IAM Grievance Form

Grievance Number: _____

Date of Violation: _____

Employee Information

Name: _____

Employee Number: _____

Address: _____

Station: _____ Classification: _____

Phone: _____

Email (Non Company): _____

Violation: _____
(article, law, policy, etc.)

Grievance Type: _____ Discharge/Suspension _____ Other

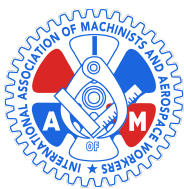
Statement of Grievance:

Statement of Remedy:

I authorize the IAM, as my representative to act on my behalf in the disposition of this grievance.

Signature of Grievant: _____ **Date:** _____

- See back of page for Grievance resolution -



IAM Grievance Form

GRIEVANCE DECISION

Date: _____

Action Taken

☐ Settlement Offered

☐ Grievance Denied

☐ Grievance Awarded



Company Representative

Union Representative

Name Title

Name Title

Signature Date Received

Signature Date Presented

