

This form is to be used by the Union only, it is not to be given to the company

**GRIEVANCE REPORT
I.B.E.W. LOCAL UNION 84
2791 WOODLAND TERRACE
SMYRNA, GA 30080**

Name of Aggrieved Employee(s) Social Security # _____

Name of Company Employed By _____

Department and Location _____

Present Classification _____

Nature of Grievance and Section of Contract violated. Describe grievance and list all related facts as complete and as briefly as possible. (If more space is needed, attach additional information. It is suggested that aggrieved employees keep a duplicate copy for their records.)

Signature of Aggrieved Employee _____ Home Telephone No. _____

Address of Aggrieved Employee _____ Cell phone No. _____

COMMENTS OF SHOP STEWARD

Signature of Shop Steward _____

Phone number of Shop Steward _____