

LOCAL



USIC Grievance Form

Union Number: _____

Company Number: _____

Chief Steward Name: _____ Number: _____

1703 Castle Hill Ave, Bronx NY, 10461

(718) 823-7330 FAX (718) 824-1457 Tape (212) 633-6753

TITLE: _____

Presented to: _____ **Title:** _____

Grievant: Name: _____ **Title:** _____

NCSD: _____ **Work Loc.:** _____ **Cell Phone:** _____

Grievance: Contract Article: _____ **Date of Occurrence:** _____

Date Filed: _____ **Presented To:** _____

Steward Name: _____ **Tel. Number:** _____

Statement Of Circumstances: _____

Statement of remedy / relief: _____

Step 1 Outcome: Hold Sustained Mutually Resolved Denied Withdrawn

Recommend: No Further Action Appeal to Next Step

Step 2 Outcome: Hold Sustained Mutually Resolved Denied Withdrawn

Recommend: No Further Action Appeal to Next Step

Signatures

Grievant: _____ **Date:** _____

As per article 9, section 9.2.g, a signature is not required if emailed directly from the aggrieved employee