

LOCAL



USIC Grievance Form

UNION NUMBER: _____

COMPANY NUMBER _____

CHIEF STEWARD NAME _____ NUMBER: _____

1703 Castle Hill Ave, Bronx NY 10462

Phone: 718-823-7330 ♦ Fax: 718-824-1457 ♦ Tape: 212-633-6753

GRIEVANCE TITLE: _____

Grievant Name: _____ Title: _____

Grievant's Supervisor _____

NCSD: _____ Work loc: _____ Cell phone: _____

Grievance Contract Article: _____ Date of Occurrence: _____

Date filed: _____ Presented to: _____

Steward Name: _____ Cell phone: _____

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Step 1 Outcome: Hold Sustained Mutually resolved Denied Withdrawn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Step 2 Outcome: Hold Sustained Mutually resolved Denied Withdrawn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

Step 3 Outcome: Hold Sustained Mutually resolved Denied Withdrawn

Recommend: No further action Appeal to Next Step

Grievant signature: _____ Date: _____

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