

LOCAL



PPA Grievance Form

UNION NUMBER: _____

COMPANY NUMBER _____

CHIEF STEWARD NAME _____ NUMBER: _____

350 West 31st Street, 2nd Fl New York, NY 10001

(212) 633-2666 FAX (212)633-8337 Tape (212) 633-6753

TITLE: _____

Production Company: _____

Production location: _____

Grievant: Name: _____ Personal Cell Phone: _____

Grievance: Contract Article: _____ Date of Occurrence: _____

Date Filed: _____ Presented to: _____

(Labor Relations Representative)

Steward: Name: _____ Tel. Number: _____

Statement of Facts:

Settlement:
