



# IGT 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: \_\_\_\_\_

Company: Field Services Supervisor (1<sup>st</sup> Step): \_\_\_\_\_

Field Services Senior Manger (2<sup>nd</sup> Step): \_\_\_\_\_

Grievant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

NCSD: \_\_\_\_\_ Work Loc.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grievance: Contract Article: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Presented To: \_\_\_\_\_

Steward Name: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Statement Of Facts: \_\_\_\_\_

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Settlement: \_\_\_\_\_

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CWA Local 1101 Representative: \_\_\_\_\_ Date: \_\_\_\_\_