

# GRIEVANCE FORM

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS – SECURITY

Required Information	NAME		EMPLOYEE ID	COMTRAC NO.
	HOME ADDRESS		HOME TELEPHONE	OFFICIAL STATION
	DATE OF ALLEGED VIOLATION	SPECIFIC AGREEMENT PROVISION ALLEGEDLY VIOLATED (REQUIRED)		STEWARD
	DESCRIBE ISSUE AND ACTION OR RELIEF REQUESTED			

Optional	<u>CONSULTATION WITH SHIFT LIEUTENANT/SHIFT SECURITY SUPERVISOR</u>		
	DATE HELD	SHIFT LT./SSS	DATE EMPLOYEE RECEIVED DECISION
	INITIAL DECISION		

Step 1	<u>WRITTEN GRIEVANCE AND MEETING WITH SITE SECURITY MANAGER</u>		
	EMPLOYEE SIGNATURE AND DATE	DATE RECEIVED BY SSM	<input type="checkbox"/> Personal Appeal; or <input type="checkbox"/> Union Mtg. Req. Attached
	STEP 1 MEETING DATE	STEP 1 RESOLUTION OR DECISION	
	SITE SECURITY MANAGER SIGNATURE AND DATE	EMPLOYEE SIGNATURE AND DATE RECEIVED	

Step 2	<u>MEETING WITH MANAGER, SITE SECURITY OPERATIONS</u>		
	<input type="checkbox"/> Personal Appeal; or <input type="checkbox"/> Union Mtg. Req. Attached	DATE RECEIVED BY MANAGER, SSO	STEP 2 MEETING DATE
	STEP 2 RESOLUTION OR DECISION		
	MANAGER, SITE SECURITY OPERATIONS SIGNATURE AND DATE	EMPLOYEE SIGNATURE AND DATE RECEIVED	

Step 3	<u>CONFERENCE WITH LABOR RELATIONS</u>		
	APPEAL TO STEP 3 UNION/EMPLOYEE SIGNATURE AND DATE		DATE RECEIVED BY VICE PRESIDENT, LR
	STEP 3 CONFERENCE DATE	STEP 3 RESOLUTION (OR ATTACHED DECISION)	

**NOTE:** Any request for extension of time must be agreed-upon and documented