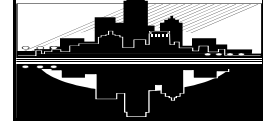




I.A.T.S.E. T.B.S.E. LOCAL 820

P.O. Box 110035
Pittsburgh, PA 15232-0035



GRIEVANCE REPORT

Place of Employment _____ Date: _____ Grievance # _____
 Date and Time of Grievance _____ Location of Grievance _____
 Name of People Involved in Grievance _____
 Nature of Grievance _____

Violation of Contract Clause _____, and other relevant clauses
 Company Policy _____
 Past Practice _____
 A Law (FLSA, OSHA, FMLA, ADA, etc.) _____
 Settlement Desired _____, and

be made whole in every way, including any other appropriate relief.
 Place of Employment _____ Date: _____ Grievance # _____

Grievants Name _____ Date _____
PLEASE PRINT SIGNATURE

FIRST STEP IN A GRIEVANCE PROCEDURE

Date of Union/ Management Discussion _____
 Name of Union Representative _____
 Name of Management Representative _____
 Outcome of Discussion _____
 Date of Referral to Business Agent _____

SECOND STEP IN A GRIEVANCE PROCEDURE

Date of Union/ Management Discussion _____
 Name of Union Representative _____
 Name of Management Representative _____
 Managements reply to Grievance _____

Is Decision Satisfactory? _____
 Has Case Been Appealed? _____

ATTACH ALL PERTINENT INFORMATION TO THIS FORM