PLUMBERS & STEAMFITTERS LOCAL 42 GRIEVANCE FORM

NAME OF GRIEVANT:			
ADDRESS:			
ADDRESS:PHONE #'s: WORK		HOME	
			•
CONTRACTOR/JOB SITE: STEWARD:		FOREMAN:	
DATE OF EVENT CAUSING	GRIEVANCE:	· · · · · · · · · · · · · · · · · · ·	
DATE GRIEVANCE FILED:			
APPLICABLE CONTRACT F ARTICLE & SECTION:	PROVISIONS: LOCA	AL () NIMA () _ 	()
STATEMENT OF GRIEVANO	E (PLEASE BE SPE	CIFIC):	
IF ADDITIONAL SPACE IS N	IEEDED, PLEASE AT	TACH ANOTHER SHE	ET TO THIS FORM.
LIST OF ALL PERSONS, EN CONCERNING YOUR GRIEV WITNESSED:	ANCE AND STATE V	VHAT FACTS THESE P	ERSONS HAVE
HAVE THE FACTS INVOLVED WHEN AND WHERE		E OCCURRED PREV	OUSLY? IF SO, STATE
F THIS GRIEVANCE INVOLV OR SUSPENSIONS GIVEN TO			
		·	

REMEDY SOUGHT (PLEASE BE SP	ECIFIC):	
· · · · · · · · · · · · · · · · · · ·		
		
SIGNATURE OF STEWARD	SIGNATURE OF GRIEVANT	
DATE	DATE	
DISPOSITION: SETTLED ()	DATE:	_
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/ITHDRAWN () DATE:	· · · · · · · · · · · · · · · · · · ·	
		-
IONIATUDE		
IGNATURE:		