

COMPLAINT OR GRIEVANCE REPORT Check One

**Local Union 160, International Brotherhood of Electrical Workers
MINNEAPOLIS, MINNESOTA**



NAME Tel. No.

ADDRESS

Classification Department

Man in Charge Time and Date

Job location

Weather conditions (inside or outside)

State equipment involved

Witnesses and attach signed statements

Give detailed report of Complaint or Grievance

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Complaint taken by Date

Assigned to Date

Date case settled