

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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Must be signed by Steward with his comments and Article violated

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Record of action by Union

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Complaint taken by **Date**

Assigned to **Date**

Date case settled