



INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS

**IBEW LOCAL
1593**

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Grievance Form and Record of Proceedings

Unit: _____ Date: _____ Grievance No. _____

Grievant Name: _____ Grievant Location: _____ Dept: _____

Steward: _____

State Grievance: (Include Articles & Sections of the CBA and/or any rule or law that has been violated.)

Portions of the Agreement and/or Company Guidelines cited here, the incidents listed here, and the information given here in no way preclude the right of the Union to add other portions of the Agreement and/or Guidelines, other incidents, and other information that may pertain to this grievance as they may become available before or during the

Settlement Request:

Make employee(s) whole in every way, including benefits and wages. Possible settlements may also include the following:

Signed: _____ Signed: _____
Aggrieved Employee Date Union Representative Date
(If space in any step is inadequate, attach separate sheets)

EMPLOYER RESPONSE:

Union Representative Date
Signed: _____
Employer Representative Date

Is Decision Satisfactory? Yes: ____ No: ____ Has Case Been Appealed? Yes: ____ No: ____