



## Local 408 Grievance Form

Date \_\_\_\_\_ Location \_\_\_\_\_

Article(s) Affected \_\_\_\_\_ plus all other effected articles.

Steward(s) name \_\_\_\_\_

Aggrieved name \_\_\_\_\_

Type of Grievance \_\_\_\_\_

Incident

Description

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Requested

Remedy

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Or any other reasonable remedy.

Submit to Management and fax to: 914-206-9627

It is the Stewards responsibility to maintain the time line.