



## GRIEVANCE FORM – IBEW MEMBERS

### Form 337 - Grievance Procedure

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Name of Aggrieved Employee:

Address of Aggrieved Employee:

Classification Title:

Date of Grievance:

Company:

Level of Grievance: 1      2      3      (Circle appropriate level of grievance)

Description of grievance:

Steps taken by Aggrieved Employee for Adjustment of Grievance:

Corrective Action suggested by Aggrieved Employee:

\_\_\_\_\_  
Signature of Aggrieved Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Immediate Supervisor of  
Aggrieved Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Receipt by Official at Level of Grievance

\_\_\_\_\_  
Date

Circle appropriate level of grievance:      1      2      3

**Form 337**

**Reply by Official at Level of Grievance**

**1                      2                      3**  
**Circle appropriate level of grievance**

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\_\_\_\_\_  
**Signature of Official at Level of Grievance**

\_\_\_\_\_  
**Date**

**Circle appropriate level of grievance**

**1                      2                      3**