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LOCAL 252
TRANSPORT WORKERS UNION OF AMERICA, AFL-CIO

DEBRA A. HAGAN, PRESIDENT

GRIEVANCE FORM

NAME: _____ COMPANY NAME: _____ GRIEVANCE #: _____

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

NATURE OF GRIEVANCE: (EXPLAIN AND GIVE DETAILS) _____ STEP #: _____

REMEDY SOUGHT: _____

MEMBER'S SIGNATURE: _____

UNION BUSINESS REPRESENTATIVE SIGNATURE: _____