



GRIEVANCE FORM – Plumbers Local 98

Name of Grievant: _____ Date: _____

Address: _____

Name of Party against whom the Grievance is Filed:

Address: _____

Job Name/Location:

Local Union No. and Union Representative:

Date of Violation: _____ Article/Section Violated: _____

Brief description of violation (use additional pages if needed):

Relief requested by the Grievant (please be specific):

Grievant Signature: _____ Date: _____