

**IBEW 589-A Grievance Report**

Grievance No. \_\_\_\_\_  
Employee's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_

IBEW Local Union No. 589A  
Date: \_\_\_\_\_  
EID: \_\_\_\_\_  
Shift: \_\_\_\_\_  
Classification: \_\_\_\_\_

Nature of Grievance

Settlement Desired

Management Reply

IBEW

Cc: IBEW589  
H.R. Delores Mitchell