Exelon SM

Call Center

COMPLAINT RECORD # ▶	

Obtained from the Labor Relations Department

NOTIFICATION OF COMPLAINT: DATE OF OCCURRENCE

NAME(S)		JOB TITLE	
DEPARTMENT	WORK HEADQUARTERS	STEWARD	LOCAL UNION #614 Call Center
STEWARD'S SIGNATURE		DATE PRESENTED	

SUPERVISOR'S SIGNATURE (When unable to reach agreement following verbal discussion with steward/complainant)

DATE RECEIVED

CO. POLICY/GUIDELINE/PRACTICE/JUST CAUSE IN DISPUTE:

STATEMENT OF COMPLAINT:

RELIEF SOUGHT:

SIGNED _____ EMPLOYEE SIGNED _____ STEWARD

STEP 1 (PARAGRAPH 1(A)) ANSWER OF SUPERVISOR

SIGNED _____ SUPERVISOR/FORMAN DATE _____

GREIVANCE
- ❑ WITHDRAWN
- ❑ SETTLED
- ❑ TO STEP 2

SIGNED _____ GRIEVANCE COORDINATOR DATE _____

SIGNED _____ EMPLOYEE DATE _____

STEP 2 (PARAGRAPH 1(B)) DATE RECEIVED:

DECISION OF LABOR RELATIONS REPRESENTATIVE

SIGNED _____ LABOR RELATIONS REPRESENTATIIVE DATE

GREIVANCE
- ❑ WITHDRAWN
- ❑ SETTLED
- ❑ TO STEP 3

SIGNED _____ GRIEVANCE COORDINATOR DATE _____

SIGNED _____ EMPLOYEE DATE _____

INSTRUCTIONS: FORWARD THE ORIGINAL FORM TO THE LABOR RELATIONS DEPARTMENT AT THE MAIN OFFICE BUILDING IMMEDIATELY AFTER THE 1ST STEP OF THE PROCEDURE

Copies to: Supervisor/Foreman
Employee/Steward
(Use separate sheet for additional information if applicable)

STEP 3 (PARAGRAPH 1(c))	DATE RECEIVED:

DECISION OF LABOR RELATIONS DIRECTOR / EED VICE PRESIDENT

FOR THE COMPANY	FOR L.U.614
SIGNED _____ DATE COMPANY REPRESENTATIVE	SIGNED _____ DATE UNION REPRESENTATIVE
_____ DATE COMPANY REPRESENTATIVE	_____ DATE UNION REPRESENTATIVE
_____ DATE COMPANY REPRESENTATIVE	_____ DATE UNION REPRESENTATIVE

IF NO DECISION IN STEP 3, ABOVE:	

GRIEVANCE:
- ❑ WITHDRAWN
- ❑ TO ARBITRATION

SIGNED _____ **DATE** _____

FOR LOCAL UNION 614, IBEW

SIGNED _____ **DATE** _____

EMPLOYEE

RESULT OF ARBITRATION

AWARD DATE

TIME LIMIT IN ❑ STEP 1 ❑ STEP 2 ❑ STEP 3 MUTALLY EXTENDED TO

COMMENTS: