Exelon
Energy Delivery

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 EED**
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 _____ **SIGNED** _____
EMPLOYEE STEWARD

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

SIGNED _____ **DATE** _____
SUPERVISOR/FORMAN

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- ❑ WITHDRAWN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

SIGNED _____ DATE _____
GRIEVANCE COORDINATOR

SIGNED _____ DATE _____
EMPLOYEE

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

DECISION OF LABOR RELATIONS REPRESENTATIVE

SIGNED _____ **DATE**
LABOR RELATIONS REPRESENTATIIVE

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- ❑ WITHDRAWN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

SIGNED _____ DATE _____
GRIEVANCE COORDINATOR

SIGNED _____ DATE _____
EMPLOYEE

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	SIGNED _____ DATE
COMPANY REPRESENTATIVE	UNION REPRESENTATIVE
_____ DATE	_____ DATE
COMPANY REPRESENTATIVE	UNION REPRESENTATIVE
_____ DATE	_____ DATE
COMPANY REPRESENTATIVE	UNION REPRESENTATIVE
_____ DATE	_____ DATE

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GRIEVANCE: ❑ WITHDRAWN ❑ TO ARBITRATION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: