

**ICMDA**

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**Grievance Form**

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\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Station

\_\_\_\_\_  
Immediate Supervisor

Employee Statement of Grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

I authorize the Independent Contract Mail Driver's Association as my representative to act in the disposition of this grievance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Union Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Presented to Supervisor

\_\_\_\_\_  
Station

This statement of grievance is to be make out in triplicate. All three are to be signed by the employee and the . I.C.M.D.A officer handling the case. Copy 1 and 2 are to be given to the supervisor and copy 3 to the I.C.M.D.A.