

**ACRE—LOCAL 166**  
**GRIEVANCE-CLAIM FORM**

Name: \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

Position Title: \_\_\_\_\_

Headquarters: \_\_\_\_\_

Assigned Hours: \_\_\_\_\_

Assigned Work Days: \_\_\_\_\_

Local Chairman: \_\_\_\_\_

Rule(s) Violated: \_\_\_\_\_

Date(s)/Time(s) of Violation: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

How Agreement was violated: \_\_\_\_\_

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Amount of Time to be claimed: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**INCLUDE ALL COLABERATIVE WRITTEN STATEMENTS OF OCCURANCE**  
**ALONG WITH ALL DOCUMENTS OF PROOF TO SUPPORT YOUR CLAIM**