

**Form to be submitted to Member designated to write and submit claims/grievances**  
**INTERNATIONAL ASSOCIATION of MACHINISTS**  
**and AEROSPACE WORKERS**  
**Local Lodge No. 754**



Date \_\_\_\_\_ Submitted by \_\_\_\_\_

Dear Sirs:

The following claim or grievance is hereby submitted to your office for handling, as violation of the controlling agreement, specific rule(s): \_\_\_\_\_ but not limited to:

\_\_\_\_\_

Time and date of occurrence: \_\_\_\_\_

Place: \_\_\_\_\_

Contractor's Company Name if applicable:

\_\_\_\_\_

Number of **non** IAM people doing work:

\_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

If LIRR employee(s) doing work (name and craft): \_\_\_\_\_

Witnesses, attach statements with this form:

\_\_\_\_\_

Claimant's names and ID No: \_\_\_\_\_

Rate of pay to be paid at and number of hours:

\_\_\_\_\_

Additional comments: \_\_\_\_\_