GRIEVANCE

UNDER THE

BASIC CRAFTS WORKERS' COMPENSATION BENEFITS TRUST FUND ADDENDUM

Basic Crafts Case No. _____

(Employee's Name) _____ (Employer's Name) _____

(Social Security Number) _____ (Street Address) _____

(Street Adrress) _____ (City, State & Zip Code) _____

(City, State & Zip Code) _____

If other, name, etc.: _____

1. While employed as a _____ on _____
(occupation at time of injury) (date of injury)

at _____ by the employer, the employee sustained injury arising out of and in the
(name and location of job site)

course of employment to _____
(state what parts of the body were injured)

2. The injury occurred as follows: _____
(explain what employee was doing at the time of injury and how injury was received)

_____

3. Days off work because of the injury: _____
(specify the number of days off work and the dates for those days)

4. Medical Treatment was received: ☐ ☐ _____.
(yes) (no) (date of last treatment)

Medical treatment was provided by _____
(name and address of all medical providers)

5. This Grievance is filed because of a dispute about: Temporary Disability Payments ☐ Permanent Disability Payments' ☐

Reimbursement for Medical Expenses: ☐ Compensation at the Proper Rate: ☐ Rehabilitation: ☐ Medical Treatment ☐

Other (Explain) _____

6. Briefly explain the nature of the disputes and the steps taken to resolve them:

(use another page if necessary)

(Date)

(Print name & status of person filing grievance)

(Signature of person filing grievance)

Must be timely filed with the:
Basic Crafts Workers' Compensation Benefits Trust Fund
265 Hegenberger Road, Suite 240
Oakland, CA 94621-1480
Telephone: (510) 568-5920; Fax: (510) 568-5279