GRIEVANCE

UNDER THE

BASIC CRAFTS WORKERS' COMPENSATION BENEFITS TRUST FUND ADDENDUM

Basic Crafts Case No.:_____

_____ (Employee's Name)

_____ (Employer's Name)

_____

_____ (Street Address)

_____ (Street Address)

_____ (City, State & Zip Code)

_____ (City, State & Zip Code)

If other, name, etc.: Box for typing

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

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

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

(use another page if necessary)

(Date) (Print Name & Status of the person filing grievance)

Signature of person filing grievance

Must be timely filed with the ADR Director
Athur Scears
Basic Crafts Workers' Compensation Benefits Trust Fund
822 C Street, #150
Hayward, CA 94623
Telephone: (510) 568-5920; Fax: (510) 568-5279