



Steering Grievances Form

Please complete the below information about yourself:

Name: _____

Company: _____

Company address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Are you an IGA member? Yes No (Circle One)

Please complete the below information about your grievance:

Company: _____

Company Contact: _____

Company address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Primary Glass Business: Auto Flat (Circle One)

Does the Company Engage in: Repair Replacement Other (Specify: _____)

(Circle All That Apply)

Is this company an IGA member? Yes No (Circle One)

Please explain your grievance below. You may attach a separate sheet of paper if necessary. Once you have completed this form please fax or mail it to the IGA attention Patrick Smith.
