

OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

	#		YEAR:
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION
EMPLOYEE PHONE # _____		EMPLOYEE PERSONAL EMAIL _____	
ARTICLE OF CONTRACT VIOLATED:			
ORAL GIVEN TO _____		DATE _____	
STATEMENT OF GRIEVANCE:			
DATE GRIEVANCE EVENT OCCURRED		DATE FILED	
DATE RECEIVED BY MGMT		MANAGER'S NAME	

REMEDY REQUESTED:			
I authorize my union to examine my employee file relevant to this grievance.			
SIGNATURE (EMPLOYEE):		STEWARD (PRINT):	
STEP ONE DECISION:			
DATE ISSUED BY MGMT		DATE RECEIVED BY UNION	

SIGNATURE (MGMT REPRESENTATIVE):		SIGNATURE (UNION REPRESENTATIVE):	
PRINT NAME (MGMT REPRESENTATIVE):		PRINT NAME (UNION REPRESENTATIVE):	
STEP ONE:			
APPEALED <input type="checkbox"/> ACCEPTED <input type="checkbox"/>		DATE RECEIVED BY UNION	
DATE FILED BY UNION		DATE RECEIVED BY UNION	

STEP TWO DECISION:			
DATE ISSUED BY MGMT		DATE RECEIVED BY UNION	

SIGNATURE (MGMT REPRESENTATIVE):		SIGNATURE (UNION REPRESENTATIVE):	
PRINT NAME (MGMT REPRESENTATIVE):		PRINT NAME (UNION REPRESENTATIVE):	
STEP TWO:			
APPEALED <input type="checkbox"/> ACCEPTED <input type="checkbox"/>		DATE RECEIVED BY UNION	
DATE FILED BY UNION		DATE RECEIVED BY UNION	

