



Transportation Communications International Union



GRIEVANCE FORM Submit to Union As Soon As Possible

Claimant's Name _____ Today's Date _____

Claimant Address _____

Home Phone _____ Work Phone _____

Years of Service with Company _____ Roster Date _____

Title _____ Rate of Pay _____

Work Location City _____ Building/Station/Yard _____

Tour of Duty _____ Rest Days _____

Job Description (As shown on Bulletin. Include copy if possible) _____

Immediate Supervisor
at time claim is filed

NAME _____

TITLE _____

ADDRESS _____

Immediate Supervisor
at time of grievance

NAME _____

TITLE _____

ADDRESS _____

Date of violation _____ Time of violation _____ Location of violation _____

Rule(s) violated _____

Description of violation _____

(Employee Signature)

Continue on back of form if needed