



# GRIEVANCE FORM

Submit to Union As Soon As Possible

Claimant's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Claimant's 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:		Immediate Supervisor at time of grievance:	
Name _____		Name _____	
Title _____		Title _____	
Address _____		Address _____	
_____		_____	
Date of Violation _____	Time of Violation _____	Location of Violation _____	

Rule(s) violated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of violation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

Continue on back if needed