

# OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

	#	YEAR:	
EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION

ARTICLE OF CONTRACT VIOLATED:

**STATEMENT OF GRIEVANCE:**

DATE GRIEVANCE EVENT OCCURRED  DATE FILED

DATE RECEIVED BY MGMT  MANAGER'S NAME

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**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

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SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

**STEP ONE:**    ACCEPTED     DATE FILED BY UNION     DATE RECEIVED BY MGMT

APPEALED/HEARING REQUEST

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

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SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):

**STEP TWO:**    APPEALED     DATE FILED BY UNION     DATE RECEIVED BY UNION

ACCEPTED