



AMALGAMATED TRANSIT UNION LOCAL 1765

906 SW Columbia
Suite 301
Olympia, WA 98501
Phone: 360-539-4671

GRIEVANCE

Please refer to the instructions on page 2 of this form before completing your grievance.

Name:

Address:

City:

Zip:

Home Phone#:

Receipt Acknowledged

Contract Article (S) Cited: Including but not limited to; Preamble, Also all other relevant contract Articles/Sections.

Articles:

Sections:

Pages:

Other Violations (check if applicable)

Past Practice:

Company Policy:

Date of act or knowledge of act being grieved: Month: Day: Year:

Briefly describe the act or event being grieved:



Remedy Sought:

Union Representative

Member's Signature

INSTRUCTIONS

1. Fill out all sections. Your grievance must include
 - a. The date of the occurrence being grieved.
 - b. The act or event being grieved.
 - c. The contract Provision (s) violated, and the solution sought.
2. It is recommended that you see a Union Representative (Steward or Officer) before filing your grievance. If no Union Representative is available or you have questions, call the Union Office at (360) 539-4671.
3. You must submit your grievance within 10 days of the act or knowledge of the act being grieved.
4. After Management has acknowledged receipt, request two copies: one for yourself and one for the Union Office. Send the second copy to the Union Office as soon as possible.
5. In the event your grievance is denied at the first step, immediately forward the following documents to the Union Office.
 - a. Copy of the grievance.
 - b. Copy of the grievance hearing report.
 - c. Copies of all relevant documents pertaining to your grievance.