

# 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