



**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