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