

Amalgamated Transit Union

Local 1577

Grievance Form

To: Human Resources Manager/Assistant Director

Type of Grievance: Individual Class Action

Affected Class of Employee(s): _____

Name and Title of Union Official filing grievance: _____

Employee Name (if applicable): _____

Date of Individual Incident or Discipline; or,
date incident known by the Union: ____/____/____

Article(s) Violated: _____

Specific reason how article was violated:

Remedy desired:

Employee Signature

_____/_____/_____
Date

Union Officer

_____/_____/_____
Date

HUMAN RESOURCES USE ONLY:

Log Number: ____ - ____ - ____

Date Received:
(Place stamp here)

Distribution: White-Human Resources Yellow-Union Pink-Employee Goldenrod-Union (prior to log in)