

TRANSPORT WORKERS UNION - LOCAL 250-A

GRIEVANCE FORM

Step 1

Employee's Name _____ Date _____

Classification _____ Cap No. _____
or _____ Division _____
Badge No. _____

NATURE OF GRIEVANCE: _____

RULE VIOLATION: _____

SETTLEMENT DESIRED: _____

(Signature of Employee) (Signature of Representative)

MANAGEMENT'S REPLY: _____

(Date) (Signature of Management Rep.)

(Title)