

TWU-IAM Association Contractual Grievance Form



Grievance Number:	Date of Violation:
Date Verbal Step Presented:	Date of Verbal Step Response:
Employee Information	
Name:	Employee Number:
Address:	Station: IAM/TWU
	Classification:
Email:	Phone:
the Collective Bargain	Airlines with violations of the following article[s] and any other provisions of ing Agreement and/or company policies which may apply.
Statement of Grievance:	
Statement of Remedy:	
I authorize the TWU/IAM Association, a	as my representative, to act on my behalf in the disposition of this grievance.
Date Appealed to 1 st Step:	Signature of Grievant:
Appealed to 1st Step By:	Title of Representative:

1° Step Decision of Supervisor:						
Date of Decision:	Signature:					
Date Received by Union:						
Case Appealed to Second St	ep by:	Date:		-		
2 nd Step Decision of Departi	ment Head:					
Date of Decision:	Signature:		_ Title:			
Date Received by Union:						
Case Appealed to Third Step	o by:	Date:		_		
3 rd Step Decision of Grievan	ce Review Board:					
How was this Grievance Fin	ally Resolved?					
Signature of Person Record	ing Final Disposition:		Date:			