



# ENVOY PASSENGER SERVICE GRIEVANCE FORM

		GRIEVANCE #	YEAR:
EMPLOYEE NAME:	EMPLOYEE NO.	AGENT CLASSIFICATION:	LOCATION:

## STATEMENT OF GRIEVANCE

DATE GRIEVANCE EVENT OCCURRED:	DATE OF UNION NOTIFICATION BY MANAGEMENT:	DATE FILED:
DATE RECEIVED BY MANAGEMENT:	MANAGERS NAME:	MANAGERS SIGNATURE:
ARTICLE(S) OF CONTRACT VIOLATED: Including any and all articles of the contract, company policies, state and federal laws that apply.		

## GRIEVANCE SUMMARY:

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REMEDY REQUESTED:
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I AUTHORIZE MY UNION TO EXAMINE MY EMPLOYEE FILE AND ALL FILES AND EVIDENCE RELEVANT TO THIS GRIEVANCE.

SIGNATURE EMPLOYEE: \_\_\_\_\_ STEWARD (PRINT): \_\_\_\_\_

### STEP ONE DECISION:

DATE ISSUED BY MANAGEMENT:	DATE RECEIVED BY UNION:
SIGNATURE (MGMT REPRESENTATIVE)	SIGNATURE OF UNION (REPRESENTATIVE)
PRINT NAME (MGMT REPRESENTATIVE)	PRINT NAME (UNION REPRESENTATIVE)
STEP ONE: ACCEPTED: <input type="checkbox"/> APPEALED: <input type="checkbox"/>	DATE FILED BY UNION: _____ DATE RECEIVED BY MGMT: _____

### STEP TWO DECISION:

DATE ISSUED BY MANAGEMENT:	DATE RECEIVED BY UNION:
SIGNATURE (MGMT RERESENTATIVE)	SIGNATURE OF (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):
STEP TWO: ACCEPTED: <input type="checkbox"/> APPEALED: <input type="checkbox"/>	DATE FILED BY UNION: _____ DATE RECEIVED BY MGMT: _____

### STEP THREE DECISION:

DATE ISSUED BY MANAGEMENT:	DATE RECEIVED BY UNION:
SIGNATURE (MGMT REPRESENTATIVE):	SIGNATURE (UNION REPRESENTATIVE):
PRINT NAME (MGMT REPRESENTATIVE):	PRINT NAME (UNION REPRESENTATIVE):
STEP THREE: ACCEPTED: <input type="checkbox"/> APPEALED: <input type="checkbox"/>	DATE FILED BY UNION: _____ DATE RECEIVED BY MGMT: _____