FOR C.T.A. USE ONLY

GRIEVANCE BLANK

Amalgamated Transit Union - Local 308

205 W. Wacker Dr. - Suite 700 - Chicago, IL. 60606 - 312/782-4665

Freedom Through Organization

FOR ATU 308 USE ONLY

No. _____-_____

Date of Presentation to Company _____ Date of Presentation to Union _____

DO NOT WRITE ABOVE THIS LINE

Date: _____

Name: _____ Badge: _____

Address: _____ Phone ( ) _____

City: _____ State: _____ Zip Code: _____

Classification: _____ Terminal: _____

*** Starting with the Date of Occurrence: State briefly and plainly-What happen When, and Where, REMEDY REQUESTED and if applicable, submit copies of any documents that will support your case.**

	Suspended	Sick	Discharged	Resigned	Other	Employment Date
Check One:	_____	_____	_____	_____	_____	_____

*** Begin Your Case ---->** _____

Signature _____ Use other side if needed Date _____

GRIEVANCE BLANK

No. _____ *Name* _____

For Office Use Only *Last* *First* *Badge*