

FOR C.T.A. USE ONLY

GRIEVANCE BLANK

FOR ATU 308 USE ONLY

Amalgamated Transit Union - Local 308
11204 S. Western Ave. - Chicago, IL. 60643 - 312/782-4665
Freedom Through Organization

No. _____ - _____



Date of Presentation to Company _____

Date of Presentation to Union _____

DO NOT WRITE ABOVE THIS LINE

Date: _____

Badge _____

Name: _____ Phone #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Employment Date _____

Classification: _____ Terminal: _____

Suspended Sick Discharged Resigned Other

Check One: _____ * 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.

* Begin Your Case ---->

Multiple horizontal lines for writing the grievance case details.

Signature _____ Use other side if needed _____ Date _____

