



Transport Workers Union of America
Local 320 - National Bikeshare

Grievance Form

Step One:

Step Two:

Date: _____

Type of Grievance: Contract Disciplinary

Name of Employee(s):

Employee Phone #: _____ **Job Title:** _____

Employee Email: _____

Contract Article Number, Written Rule, or Resolution Violated:

All relevant articles of the contract, written rules, and past practices including but not limited to:

Statement of Facts, include date(s) and time(s) of occurrence:

Briefly write down what happened to cause the grievance. Use the back for more space if needed.

Remedy Sought:

The grievant asks to be made whole in every way in addition to the following remedy:

Steward/Representative name: _____

Signature: _____

Date submitted to management: _____

Step One grievance must be submitted to management within 30 calendar days of the occurrence giving rise to the grievance.

Step Two grievance must be submitted to management within 30 calendar days of the Step One meeting.

Upon submitting to management, send a duplicate copy to sjones@twu320.org