



**AMALGAMATED TRANSIT UNION LOCAL 1321  
GRIEVANCE FORM**

DATE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE/TIME OF ALLEGED VIOLATION: \_\_\_\_\_

STEP ONE DATE FILED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

STEP TWO DATE FILED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

STEP THREE DATE FILED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**\*COPY OF ORIGINAL GRIEVANCE FORM MUST BE FILED AT ALL STEPS\***

*The definition of a grievance is any alleged violation of the CBA – Collective Bargaining Agreement or any disagreement about its meaning, interpretation or application. Please include which article of the CBA you feel was violated, all facts including time, place, number of witnesses, etc. In addition, please include what you are seeking as a resolution to your grievance.*

**Article of the CBA you feel has been violated:** \_\_\_\_\_

(including, but not limited to the above stated Articles of the CBA and all other analogous provisions in other ATU bargaining unit CBA's)

**Please explain:**

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**Resolution:**

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**\*Signature of Grievant(s)**

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

**\*Signature of Union Representative who is submitting this document on behalf of the Grievant:**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**FOR UNION OFFICE USE ONLY**

**1<sup>st</sup> Step Answered on:** \_\_\_\_\_ **Received in office:** \_\_\_\_\_

**2<sup>nd</sup> Step Answered on:** \_\_\_\_\_ **Received in office:** \_\_\_\_\_

**3<sup>rd</sup> Step Answered on:** \_\_\_\_\_ **Received in office:** \_\_\_\_\_

**Arbitration Vote: Yes** \_\_\_\_\_ **No** \_\_\_\_\_