

Amalgamated Transit



Union - Local 1277

Tel: (323) 222-1277  
Fax: (323) 222-1335

1744 North Main St.  
Los Angeles, California 90031-2517

Date/Time Rec'd: \_\_\_\_\_  
Received by: \_\_\_\_\_

# Grievance Form

Submit to ATU Shop Steward in Duplicate

Name(print): \_\_\_\_\_ Badge #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Division: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m

Signature: \_\_\_\_\_

Shift: 1 2 3 Days Off: S M T W Th F S

Brief Summary of Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATU Contract Article # / Section: But not limited too: \_\_\_\_\_

Solution You Are Seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Level Hearing Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Present for Company: \_\_\_\_\_

Present for Union: \_\_\_\_\_

Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refer to Second Level: Yes / No