



# TWU-IAM Association Discipline Grievance Form - Fleet



Grievance Number: \_\_\_\_\_ Date of Violation: \_\_\_\_\_

Name of Station Manager/Director or Customer Service Director: \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Address: \_\_\_\_\_ Station: \_\_\_\_\_ IAM/TWU \_\_\_\_\_

Classification: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**TWU/IAM Association charges American Airlines with violations of the following article[s] and any other provisions of the Collective Bargaining Agreement which may apply.**

Articles Violated: \_\_\_\_\_

Grievance Type: \_\_\_\_\_ Discharge/Suspension \_\_\_\_\_ Other than Discharge/Suspension

Statement of Grievance:

Statement of Remedy:

*I authorize the TWU/IAM Association, as my representative, to act on my behalf in the disposition of this grievance.*

Signature of Grievant: \_\_\_\_\_ Date: \_\_\_\_\_

**For other than Discharge/Suspension grievances ONLY:**

Was Hearing Requested by Member?  Y  N

Date of Hearing Request: \_\_\_\_\_

Hearing Decision (NA if not requested):

Date of Decision: \_\_\_\_\_ Station Director/Manager Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Received by Union: \_\_\_\_\_ Date appealed to Step 2: \_\_\_\_\_ Step 2 Decision:

Date of Decision: \_\_\_\_\_ Station Director/Manager Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**For Discharge/Suspension grievances ONLY:**

Hearing Decision:

Date of Decision: \_\_\_\_\_ Customer Service Director Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Received by Union: \_\_\_\_\_

Case Appealed to Step 3 by: \_\_\_\_\_

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

Step 3 Decision of Grievance Review Board:

Date of Decision: \_\_\_\_\_

Was mediation mutually agreed to?  Y  N

Mediation outcome (N/A if not mutually agreed to):

How was this Grievance Finally Resolved?

Signature of Person Recording Final Disposition: \_\_\_\_\_ Date: \_\_\_\_\_