Organizer Grievance Intake Form

Grievant(s) Name(s) ___________________________ Today’s Date ___________________________

Department ___________________________ Name of Property ___________________________

Classification ___________________________ Shop Steward ___________________________

Name of person filling out this form: ___________________________________________________

Date(s) of occurrence: ___________________________

Date you/worker discussed issue with management: _____/_____/_______

Was the shop steward at the meeting with management? _____ Yes _____ No

What is the purpose of this grievance? Mark all that apply:

_____ Discipline—please CIRCLE the level of discipline to be grieved:

Verbal Written Suspension _____ day(s)

Final written Termination Other ___________________________

Contract interpretation—please CHECK all that apply

_____ Scheduled incorrectly _____ Overtime _____ Seniority

_____ Promotion _____ Holiday Pay _____ Vacation

_____ Layoff _____ Improperly paid _____ Other

Please explain what happened: _______________________________________________________
_________________________________________________________________________________

Section(s) of CBA violated: _______________________________________________________

Witnesses: __________________________________________________________________________
If this is a disciplinary grievance, a request for information will automatically be sent along with the grievance. If this is a contract interpretation grievance and you want a request for information to be sent along with the grievance, please check the documents you want to request below. **YOU MUST BE SPECIFIC!** If we cannot figure out specifics of what you are asking, we will not send the request.

___ Schedules—SPECIFY DATE(S): _________________________________________________________

___ Time clock records—SPECIFY DATE(S): ________________________________________________

___ Policy/Procedure—SPECIFY TYPE: _____________________________________________________

___ Hotel occupancy—SPECIFY DATE(S): __________________________________________________

___ Payroll records—SPECIFY WORKER(S): ________________________________
   AND DATE(S): _________________________________________________________________

___ Job description(s)—SPECIFY JOB(S): ________________________________________________

___ Work assignment(s)—SPECIFY: _____________________________________________________

___ For Workload grievances, information regarding FTE positions (per Section 40.6 of most hotel CBAs)
   SPECIFY DATE(S): _________________________________________________________________
   SPECIFY DEPT(S): _________________________________________________________________

___ Employer’s position on the issue

___ Other—BE SPECIFIC:

• ______________________________________________________________________________

• ______________________________________________________________________________

• ______________________________________________________________________________

• ______________________________________________________________________________

• ______________________________________________________________________________

• ______________________________________________________________________________