

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:

- _____
- _____
- _____
- _____
- _____