

Grievance Intake Form

PLEASE **COMPLETE ALL** OF THE INFORMATION ON THIS FORM

Grievant(s) Name(s)

Today's Date

Address

Telephone Numbers

City/State/Zip

Date of Hire

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: _____

(OVER)

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:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____