

# 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) \_\_\_\_\_