

*Amalgamated Transit*



*Union - Local 1277*

Tel: (323) 222-1277  
Fax: (323) 222-1335

1744 North Main St.  
Los Angeles, California 90031-2517

**GRIEVANCE FORM**

**SUBMIT TO A.T.U. SHOP STEWARD IN DUPLICATE**

NAME (PRINT): \_\_\_\_\_ BADGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M./P.M.

SIGNATURE: \_\_\_\_\_

WORK SHIFT:     1     2     3     DAYS OFF: S M T W TH F S

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BRIEF SUMMARY OF  
GRIEVANCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.T.U. CONTRACT ARTICLE #/ SECTION: \_\_\_\_\_

SOLUTION YOU ARE SEEKING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FIRST LEVEL HEARING DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PRESENT FOR THE COMPANY: \_\_\_\_\_

PRESENT FOR THE UNION : \_\_\_\_\_

DECISION: \_\_\_\_\_

REFER TO SECOND LEVEL : YES / NO