



Date Received

By AMFA

# AMFA GRIEVANCE FORM

Case No: \_\_\_\_\_

Local #: \_\_\_\_\_

Company: \_\_\_\_\_ Station: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Classification: \_\_\_\_\_ Seniority Date: \_\_\_\_\_  
(Please Print)

Member's Address: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
(Please Print) Street City State Zip Code

Shift: \_\_\_\_\_ Dept. /Work Area: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Specify the Article(s) of the Agreement and or prior decisions, which support the claim.

2. Employee's Statement of Grievance: Describe in detail the action giving rise to the complaint. Specify names, dates, classification, place and site of violation, etc.

3. What is the remedy and/or relief sought?

I hereby authorize the Aircraft Mechanics Fraternal Association to act for me in the disposition and settling of this grievance.

Date: \_\_\_\_\_ Employee Signature/EE#: \_\_\_\_\_

Date: \_\_\_\_\_ Shop Representative Signature/EE#: \_\_\_\_\_

Date Submitted to Supervisor: \_\_\_\_\_ Sup. Signature/EE#: \_\_\_\_\_

Decision of Supervisor: \_\_\_\_\_

Date of Decision: \_\_\_\_\_ Supervisor's Signature/EE#: \_\_\_\_\_ Title: \_\_\_\_\_

Date Decision Received by Shop Rep: \_\_\_\_\_ Shop Rep Signature/EE#: \_\_\_\_\_

Grievance Settled: Yes: \_\_\_\_ No: \_\_\_\_

Case Appealed to the System Board, Discharge Board or System of Adjustment by Association Representative of AMFA.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Original to AMFA

Make Copy for Company

Make Copy for Grievant