Transport Workers Union – Local 250-A
Grievance Form

Step 1

Date: _____ Grievance #: _____

Employee's Name: _____ Cap or Badge #: _____

Division: _____ Classification: _____

Nature of Grievance:

_____

_____

_____

_____

_____

_____

Rule Violation(s):

_____

_____

Desired Resolution:

_____

_____

_____

_____

Employee Signature:	**Representative Signature:**

Management's Reply:

_____

_____

_____

_____

_____

Management Signature:	**Title:**	**Date:**