



TWU-IAM Association Discipline Grievance Form - Fleet



Grievance Number: _____ Date of Violation: _____

Name of Station Manager/Director or Customer Service Director: _____

Employee Information

Name: _____ Employee Number: _____

Address: _____ Station: _____ IAM/TWU _____

Classification: _____

Email: _____ Phone: _____

TWU/IAM Association charges American Airlines with violations of the following article[s] and any other provisions of the Collective Bargaining Agreement which may apply.

Articles Violated: _____

Grievance Type: _____ Discharge/Suspension _____ Other than Discharge/Suspension

Statement of Grievance:

Statement of Remedy:

I authorize the TWU/IAM Association, as my representative, to act on my behalf in the disposition of this grievance.

Signature of Grievant: _____ Date: _____

For other than Discharge/Suspension grievances ONLY:

Was Hearing Requested by Member? Y N

Date of Hearing Request: _____

Hearing Decision (NA if not requested):

Date of Decision: _____ Station Director/Manager Signature: _____ Title: _____

Date Received by Union: _____ Date appealed to Step 2: _____ Step 2 Decision:

Date of Decision: _____ Station Director/Manager Signature: _____ Title: _____

For Discharge/Suspension grievances ONLY:

Hearing Decision:

Date of Decision: _____ Customer Service Director Signature: _____ Title: _____

Date Received by Union: _____

Case Appealed to Step 3 by: _____

Date: _____

Step 3 Decision of Grievance Review Board:

Date of Decision: _____

Was mediation mutually agreed to? Y N

Mediation outcome (N/A if not mutually agreed to):

How was this Grievance Finally Resolved?

Signature of Person Recording Final Disposition: _____ Date: _____