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 Grieving: ____________________________________________ Date: __________________

Revised – September 24, 2020
For other than Discharge/Suspension grievances ONLY:

Date of Hearing Request: __________________

Was Hearing Requested by Member? ____ Y ____ N

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: ___________

Revised – September 24, 2020