



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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original to AMFA

Make Copy for Company

Make Copy for Grievant





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

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

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Shop Representative Signature: \_\_\_\_\_

Date Submitted to Supervisor: \_\_\_\_\_

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

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\_\_\_\_\_

Date of Decision: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Received by Shop Representative: \_\_\_\_\_

Shop Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**

