First Step – Grievance Form
IAM - HAWAIIAN AIR

INSTRUCTIONS No. _____

This form is to be completed by the Steward and/or Local Committee Representative and Supervisor and signed by the Complainant. Both the Union and Company shall receive a completed copy.

PART I - To be completed by Steward and/or Local Committee Representative and Employee:

EMPLOYEE'S:

Name: _____ Dept: _____ Shift Starting Time: _____

Employee No: _____ Phone: Home: _____ Work: _____

Seniority Date: _____ Classification: _____

Address: _____

Employee's Days Off (also dates) _____

I AUTHORIZE THE INTERNATIONAL ASSOCIATION OF MACHNISTS AND AEROSPACE WORKERS TO REPRESENT ME IN ALL STAGES OF THE GRIEVANCE PROCEDURE IN PRESENTING AND SETTLING OF THE GRIEVANCE.

_____ Date _____

Employee's Signature

COMPLAINT NATURE:

Applicable Contract Provision(s) _____ Date of Claimed Violation _____

Remedy Sought _____

Supervisor First Contacted (name) _____ (date) _____

Supervisor's Answer _____ Date of Answer _____

CASE FACTS: (Give completed details including who, what, where, when, and why. Attach all records, forms, letters, or papers involved.)

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_____ _____

Steward and/or Local Committee Representative Signature Date