

Step – Grievance

Form

IAM - HAWAIIAN

AIR

	INSTRUCTIONS	No.	
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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:	
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Employee No:		Phone: Home:		Work:	
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Seniority Date:		Classification :	
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Address:	
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Employee's Days Off (also dates)	
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I AUTHORIZE THE INTERNATIONAL ASSOCIATION OF MACHINISTS 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	
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Remedy Sought	
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Supervisor First Contacted (name)		(date)	
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Supervisor's Answer		Date of Answer	
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CASE FACTS: (Give completed details including who, what, where, when, and why. Attach all records, forms, letters, or papers involved.)