

# OFFICIAL PASSENGER SERVICE GRIEVANCE FORM

#	YEAR:
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EMPLOYEE NAME	EMPLOYEE NO.	CLASSIFICATION	LOCATION
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**STATEMENT OF GRIEVANCE:**

DATE GRIEVANCE EVENT OCCURRED  DATE FILED

DATE RECEIVED BY MGMT  MANAGER'S NAME

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I authorize the **Airline Passenger Service Employee Association IBT + CWA** to examine my employee files relevant to this grievance.

SIGNATURE (EMPLOYEE): \_\_\_\_\_ STEWARD (PRINT): \_\_\_\_\_

**STEP ONE DECISION:** DATE ISSUED BY MGMT  DATE RECEIVED BY APSEA

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SIGNATURE (MGMT REPRESENTATIVE): \_\_\_\_\_ SIGNATURE (APSEA REPRESENTATIVE): \_\_\_\_\_

**STEP ONE: APPEALED**  DATE FILED BY APSEA  DATE RECEIVED BY MGMT

**ACCEPTED**

**STEP TWO DECISION:** DATE ISSUED BY MGMT  DATE RECEIVED BY APSEA

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SIGNATURE (MGMT REPRESENTATIVE): \_\_\_\_\_ SIGNATURE (APSEA REPRESENTATIVE): \_\_\_\_\_

**STEP TWO: APPEALED**  DATE FILED BY APSEA  DATE RECEIVED BY MGMT

**ACCEPTED**

**STEP THREE DECISION:** DATE ISSUED BY MGMT  DATE RECEIVED BY APSEA

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SIGNATURE (MGMT REPRESENTATIVE): \_\_\_\_\_ SIGNATURE (APSEA REPRESENTATIVE): \_\_\_\_\_

AT EACH STEP PROVIDE A COPY TO MANAGEMENT, THE GRIEVANT, AND TO APSEA.