



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 MACHINISTS AND AEROSPACE WORKERS TO REPRESENT ME IN ALL STAGES OF THE GRIEVANCE PROCEDURE IN PRESENTING AND SETTLING OF THE GRIEVANCE.

Employee's Signature Date _____

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.)

Steward and/or Local Committee Representative Signature Date