

UNIFIED SYSTEM DIVISION
GRIEVANCE OR CLAIM QUESTIONNAIRE (For Union Use Only)

Name of Claimant: _____ Home Phone No: () _____

Home Address: _____ City: _____ State: _____

Zip: _____ Employee ID Number: _____ Service Date: _____

Seniority Date: _____ Headquarters: _____ Area of Assignment: _____

Work Location: _____ Position & Title: _____

Days of Assignment: _____ Assigned Hours: _____ Gang Number: _____

List Additional Claimants, EID#s, Positions & Phone Numbers on the Back of this Form.

Rules you contend have been violated: _____

Provisions of the BMW Agreement you believe apply: _____

Provisions of any Special Agreements you believe apply: _____

Date or Dates involved in claim _____ Is this a continuing claim? _____

Time and/or Hours Violation Occurred: _____

Where did violation occur? Sub-Division _____ Mile Post: _____ Nearest town _____

Company Officer in Charge: _____

Type of work performed and how: _____

Tools Used: _____

Machines Used: _____

Who performed work? Name/s Gang: _____

Assigned position of the above: _____

Name and Address of Contractor's Company: _____

_____ Number of employees the contractor had working: _____

Machines the Contractor Used: _____

Any witnesses and who: _____

Give A Summary Of What the Company did that was a violation of the Agreement. (use back if needed)

Signature _____

Enclose additional written statement(s) from employee(s) who performed or witnessed the work if possible, stating that they did in fact perform or see the above-cited work on the date, location and times identified.

Note: All claims and grievances must be submitted in writing to the Carrier within sixty (60) days from the date of occurrence. Submit this form to the appropriate System Officer at the earliest possible time to insure the time limits are met. List additional claimants and assigned positions on back, along with any other pertinent information. The more information included, the better the claim. We need documentation.