

BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES

**INITIAL QUESTIONNAIRE/INFORMATION FORM
FOR
CLAIMS OR GRIEVANCES**

TIME LIMITS START ON THE DATE OF OCCURRENCE (VIOLATION)

NOTE: THIS FORM IS FOR INTERNAL UNION USE ONLY. IT IS NOT TO BE SUBMITTED TO THE COMPANY. THIS FORM SHOULD BE SUBMITTED TO YOUR UNION REPRESENTATIVE AS SOON AS POSSIBLE. THE SUCCESS OF YOUR CLAIM OR GRIEVANCE DEPENDS UPON THE INFORMATION YOU GIVE.

FAX# 270-247-0453

1. WHO

Claimant Name: _____

Email: _____

Employee number _____

Home Phone: () _____ Cell Phone: () _____

Address _____

Position: _____ Gang No.: _____ Headquarters: _____

Seniority Dates: _____ Assigned Hrs. (Reg.): _____

(Position) (Date)

_____ Work Week: _____

(Position) (Date)

_____ Date Furloughed if Appl: _____

(Position) (Date)

2. WHAT

What did the Company do that is a violation of the rules and/or agreement?

3. WHEN

Date(s) of violation: _____

Time: (From) _____ (To) _____ Total Hrs Involved: _____

Is this a continuing claim? (Yes) _____ (No) _____ Please check one.

NOTE: THIS IS A TWO-SIDED FORM. CONTINUE ON REVERSE SIDE.

4. WHERE did the violation occur?

Location (MP): _____ Station: _____ District: _____
Division: _____ Town: _____ State: _____

5. **WHY** is this a claim or grievance?

List Agreement Rule(s) violated: _____

What are you claiming? _____

ADDITIONAL CLAIMANTS

(Name)	(Employee No.)	(Sen. Date)	(Position/ Assignment)	(Phone No.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WITNESSES

(Name)	(Employee No.)	(Sen. Date)	(Position/ Assignment)	(Phone No.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signed: _____ Date: _____
(Claimant's Signature)

Filed By: _____
(Representative's Name)

NOTE: THE INFORMATION CONTAINED IN THIS FORM WILL BE USED TO DEVELOP A WRITTEN CLAIM OR GRIEVANCE. DUE TO STRICT ENFORCEMENT OF THE TIME LIMITS PROVIDED IN YOUR AGREEMENT FOR FILING A CLAIM OR GRIEVANCE, YOU SHOULD SUBMIT IT TO YOUR UNION REPRESENTATIVE AS SOON AS POSSIBLE. IF ADDITIONAL SPACE IS NECESSARY OR IF ADDITIONAL DOCUMENTATION AND/OR INFORMATION IS AVAILABLE, PLEASE MAKE ATTACHMENTS.

TOTAL NO. OF PAGES ATTACHED _____