

**BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES
UNITED PASSENGER RAIL FEDERATION
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 THE UNITED PASSENGER RAIL OFFICE AT (office@uprfbmwed.org) AS SOON AS POSSIBLE. THE SUCCESS OF YOUR CLAIM OR GRIEVANCE DEPENDS UPON THE INFORMATION YOU GIVE.

1. WHO

Your Name: _____

Your Personal Email: _____

Your SAP #: _____ Phone No: _____

Address: _____

Current Position: _____ Gang No.: _____ Headquarters: _____

Seniority Date: _____ / _____

(Position) (Date)

Your current Tour of Duty: Work days _____ Hours: _____

2. WHAT

Name of the person you are Time Claiming: _____

Their Current Position and Gang Number: _____

Their Tour of Duty: _____

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

Description of the Work being Time Claimed:

3. **WHEN**

Date(s) of violation: _____

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

4. **WHERE** did the violation occur?

Location (MP): _____ Station: _____ District: _____

Division: _____ Town: _____ State: _____

WITNESSES

(Name)	(SS & Emp. No.)	(Seniority Date)	(Position/ Assignment)	(Phone No.)
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

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

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 NUMBER OF PAGES ATTACHED = _____