

**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 YOUR UNION REPRESENTATIVE AS SOON AS POSSIBLE. THE SUCCESS OF YOUR CLAIM OR GRIEVANCE DEPENDS UPON THE INFORMATION YOU GIVE. **EACH CLAIMANT NEEDS TO INCLUDE A SIGNED, HANDWRITTEN OR TYPED STATEMENT WITH THIS FORM.**

1. WHO

Claimant(s) Name: _____

Claimants Personal Email: _____

Employee SAP#: _____ Phone No: _____

Address: _____

Position: _____ Gang No.: _____ Headquarters: _____

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

_____ Work Week: _____
(Position) (Date)

_____ Date Furloughed: (If Applicable) _____
(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.

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

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

Division: _____ Town: _____ State: _____

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

List Agreement Rules(s) violated: _____

What are you claiming? _____

ADDITIONAL CLAIMANTS

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

WITNESSES

(Name)	(SS & Emp. No.)	(Seniority 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 NUMBER OF PAGES ATTACHED = _____