## **SOUTHWEST AIRLINES/TWU LOCAL 555 GRIEVANCE FORM**

Obtain From TWU 555 Office 1-800-595-7672

Case Number:

Complete at Station Level - Please Print	Case Nu	
Grievant Name	Location	Employee Number
/		Yes No
Company Seniority Date Classification Seniority Date	Phone Number	Texting? (circle one)
	From:	То:
Position	Preferred time of contact	
Date Of Incident	Email Address	
Date Grievance Filed	Specific Article(s) Involved	
Employee Statement of Grievance:		
Remedy or Settlement Sought:		
I hereby authorize TWU to act on my behalf in the disposit	tion and sottlement of this griev	2000
Thereby authorize TWO to act off my behalf in the disposi	ion and settlement of this gnev	ance.
Grievant Signature	Date	
TW// Decrees the bird / Decision of Circulture		
TWU Representative/Designee Signature Date Grievance Forwarded to Department or Assistant Ma	anager or Designee:	
	inager or Designee.	
Decision:		
Department or Assistant Manager or Designee Signature:		Date
TWU Representative Signature:		Date
Settlement Accepted: YES N	0	
Date Grievance Forwarded to Station or Provisioning Mar	ager or Designee:	
Decision:		
Station Manager Signature:		Date
TWU Local 555 Representative Signature:		Date
	10 🗍	
		Date
	lo [	No.
Referred to District Representative: Yes N	lo	Date