

# GRIEVANCE TRACKING FORM

The GRIEVANCE INFORMATION and STEP A INFORMATION portions of this form must be Filled out when the union appeals it's grievance to STEP A. **IT IS THE FORMAL STEP A REPRESENTATIVES RESPONSIBILITY TO SECURE A GATS CASE NUMBER** for the grievance. In order to do that, FAX this form, with your portion complete, to DISTRICT LABOR at (513)684-5393 immediately upon the grievance appeal to FORMAL A. Your case will be entered into GATS & this form will be returned to you with the GATS **FORMAL STEP A, YOU MUST NOTIFY DISTRICT LABOR SO THE CASE CAN BE UPDATED IN GATS.**

## GRIEVANCE INFORMATION

<i>INCIDENT DATE:</i>	<i>OFFICE FINANCE NO:</i>
<i>GRIEVANT'S NAME:</i>  (Printed- Last, First)	<i>EMPLOYEE ID:</i>
<i>BRANCH GRIEVANCE NO:</i>	<i>APPEAL RECEIVED DATE:</i>
<i>ARTICLE(S) CITED:</i>	<i>ISSUE(S)*</i>

## STEP A INFORMATION

<i>INFORMAL UNION REP:</i>	<i>INFORMAL MGMT REP:</i>
<i>FORMAL UNION REP:</i>	<i>FORMAL MGMT REP:</i>
<i>STATION/BRANCH NAME:</i>	<i>STATION/BRANCH NAME:</i>
<i>ADDRESS:</i>	<i>ADDRESS:</i>
<i>CITY, STATE ZIP +4:</i>	<i>CITY, STATE ZIP +4:</i>
<i>PHONE #</i>	<i>PHONE #</i> <span style="float: right;"><i>FAX#</i></span>

## FOR DISTRICT LABOR USE ONLY

<i>GATS CASE NUMBER:</i>	<i>DATE FORMAL A CONTACTED LABOR FOR GATS NUMBER:</i>
<i>GATS INPUT MADE BY:</i>  (Printed- Last, First)	<i>DATE CASE ENTERED INTO GATS:</i>

**GATS Number Requested?**      Yes:       No:

\* Issue examples - LOW, 7 Day Suspension, 14 Day Suspension, Removal, Letter of Demand, Overtime, Leave, Safety, Light Duty, Holiday, etc.