

# Brotherhood of Maintenance of Way Employes

## Initial Questionnaire / Information Form For Claims or Grievances

\*Time limits start on the date of the 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.**

### Who

Claimant Name \_\_\_\_\_

SS#: \_\_\_\_\_ Employee #: \_\_\_\_\_

Phone #'s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Position \_\_\_\_\_ Gang # \_\_\_\_\_ Headquarters \_\_\_\_\_

Seniority Date: \_\_\_\_\_ Assigned Hours (Reg) \_\_\_\_\_  
(Position) (Date)

\_\_\_\_\_ Work Week: \_\_\_\_\_  
(Position) (Date)

\_\_\_\_\_ Date Furloughed: (If Appl.) \_\_\_\_\_  
(Position) (Date)

### WHAT

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

---

---

---

---

---

---

---

---

### 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-page form. Continue on the next page.**

**WHERE did the violation occur?**

**Location (MP):** \_\_\_\_\_ **Station:** \_\_\_\_\_ **District:** \_\_\_\_\_  
**Division:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

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

**List Agreement Rule(s) violated:** \_\_\_\_\_

**What are you claiming?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Claimants**

(Name)	(SS & Emp #)	(Sen. Date)	(Position/ ( Assignment)	(Phone #)
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____

**Witnesses**

(Name)	(SS & Emp #)	(Sen. Date)	(Position/ ( Assignment)	(Phone #)
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____

**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 # of Pages Attached =** \_\_\_\_\_