SOUTHWEST AIRLINES/TWU LOCAL 555 GRIEVANCE FORM

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

Complete at Station Level - Please Print	Case Number:	
Grievant Name /	Location	Employee Number Yes O No O
Company Seniority Date Classification Seniority Date	Phone Number From: To:	Texting? (circle one)
Position	Preferred time of contact	
Date Of Incident	Email Address	
Date Grievance Filed	Specific Article(s) Involved	
Employee Statement of Grievance:		
5 9		
Remedy or Settlement Sought:		
I hereby authorize TWU to act on my behalf in the disposition	on and settlement of this grievance	2.
Grievant Signature	Date	
TWU Representative/Designee Signature		
Date Grievance Forwarded to Department or Assistant Man	nager or Designee:	
Decision:		
Department or Assistant Manager or Designee Signature:		Date
TWU Representative Signature:		Date
Settlement Accepted: YES NC		
Date Grievance Forwarded to Station or Provisioning Mana	ager or Designee:	
Decision:		
Station Manager Signature:		Date
TWU Local 555 Representative Signature:		Date
Settlement Accepted: YES NC		
Forwarded to Local 555 Office: Yes No		Date
Referred to District Representative: Yes No		Date