

# GREIVANCE QUESTIONNAIRE



*This is a fact-finding questionnaire to determine if a potential violation has occurred. Please have this information available and contact a Local Grievance Committee Member for assistance. You can find contact information at <http://afaalaska.org/grievance>.*

Name \_\_\_\_\_

Base \_\_\_\_\_

Employee ID # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

What contract area do you have reason to believe has been violated by management?

*Example: scheduling, reserve days, days on, rest provisions, bidding, junior assignment, etc.*

Please note the section and page of the contract that you believe management has violated

*You can access the contract at <http://afaalaska.org/contract>*

Please briefly explain the events that occurred

*State the facts only—who, what, where, why, when, and how*

**After reviewing the contract, do you believe this violation can be grieved?**

☐ Yes  
☐ No

What are you seeking as a remedy?

*Example: additional day off, premium pay, etc.*