



## DISTRICT NO. 1 - PCD, M.E.B.A. GRIEVANCE FORM



***Members should work with the Chief Engineer and/or Captain to try to resolve all contractual disputes aboard ship prior to submitting a grievance to the appropriate Union hall official. Copies of all relevant contractual language should be aboard your vessel. If not, please request them from a Union official so they can make sure they are available aboard ship. Please be aware that there may be time limitations for the filing of your grievance.***

Grievant's Name/Job Rating: \_\_\_\_\_

Grievant's Home Address/Best Contact Phone No./ Email Address:

\_\_\_\_\_

Name of Ship/Shipping Company on which the problem arose and the Captain and Chief Engineer's name: \_\_\_\_\_

\_\_\_\_\_

Article # and Section # of Contract (or MOU) that has been violated:

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

Briefly describe the issue, including date, time, what happened and the contract provision(s) that was violated. (If required, use another sheet to complete this section and attach any relevant documentation):

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

What persons can corroborate (support) your version of what occurred, including their name, rating, address, telephone number/email address and any other information that may be helpful in the investigation of the grievance (also the name, etc., of person(s) who will support the Company's version of the story):

---

---

---

---

---

Today's Date: \_\_\_\_\_

Submitted to (Union Representative): \_\_\_\_\_

Submitted: (check appropriate line(s)):

In person: \_\_\_\_\_

Regular Mail: \_\_\_\_\_

Certified Mail: \_\_\_\_\_

Email: \_\_\_\_\_

Grievant's Signature: \_\_\_\_\_

FOR M.E.B.A. OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Comments and Company official contacted (date, name, title and response): \_\_\_\_\_

---

---

---

---

---

---