**GRIEVANCE RECORD**

***FOR FAA USE ONLY***

**NO.**

8. DESCRIPTION

**GRIEVANCE**

9. CORRECTIVE ACTION DESIRED

10. EMPLOYEE’S SIGNATURE

11. DATE

12. MANAGEMENT OFFICIAL’S SIGNATURE

13. DATE

 **SUBMISSION RECEIPT ACKNOWLEDGED**

**DISPOSITION**

14. DESCRIPTION

**FAA Form 3770-2 (3-78)**

7. ORAL PRESENTATION REQUESTED

 [ ] YES [x] NO

6. INFORMAL DECISION DATE

1A. EMPLOYEE’S NAME

1C. LOCATION

4. NAME OF UNION REPRESENTATIVE

5. INFORMAL GRIEVANCE OFFICIAL

**AGGRIEVED**

2. ARTICLE/SECTION VIOLATED

3. INCIDENT DATE

1B. FACILITY