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**49 U.S.C., Section 5333(b) CLAIM INFORMATION**

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*NOTE:* This form is for general informational purposes only, and does not restrict the scope of the claim, information, or remedy. Submission of this form does not indicate acceptance of a Section 5333(b) claim.

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- Print or type in Blue or Black Ink
  - You may add additional pages, as necessary, include item number for reference.
  - Attachments should be marked accordingly with a document listing.
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**Please answer the following to the best of your knowledge**

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1. Claimant's name & address:

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

telephone (\_\_\_\_) \_\_\_\_\_

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

2. Party responsible for Employee Protections:

Company \_\_\_\_\_

Chief Exec \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

telephone (\_\_\_\_) \_\_\_\_\_

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

3. Claimant's employer (if different from #2):

Company \_\_\_\_\_

Chief Exec \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

telephone (\_\_\_\_) \_\_\_\_\_

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

4. Claimant's position with employer (job): \_\_\_\_\_

employed from \_\_\_\_\_ to \_\_\_\_\_

5. **Date** the employee was affected by a Federal project, \_\_\_\_\_

(or) **date** of violation(s) of the employee protections \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Please state your complaint, and what happened. State how you have been affected and how these effects resulted directly or indirectly, at least in part, from Federal transit assistance. Also, state how the employee protections have been violated, citing the particular protective arrangements provisions or the statute which have been violated by the recipient (responsible party).

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7. If the claim alleges that an employee was affected by Federal transit assistance, please identify the following:

Project No(s). \_\_\_\_\_ Date(s)\_\_\_\_\_

Purpose of Project(s)\_\_\_\_\_

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8. State the remedies you seek (such as: reinstatement, back pay, restoration of seniority, negotiation of changes in employment conditions, etc.)

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9. What is the basis (labor contract, protective arrangement, past practice, personnel policy, etc.) of the rights and the protections you seek?

**Please provide a copy of each document you cite.**

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10. Are you a member of a bargaining unit represented by a labor union? \_\_\_\_\_

Are you non-member covered by a collective bargaining agreement? \_\_\_\_\_

If yes to either, please identify:

Bargaining Unit: \_\_\_\_\_

Union name: \_\_\_\_\_

Local No.: \_\_\_\_\_

Local President: \_\_\_\_\_

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

\_\_\_\_\_

telephone no. (\_\_\_\_\_) \_\_\_\_\_





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*U.S. Department of Labor, OLMS, Division of Statutory Programs*

2011

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