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

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.

- 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

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).

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)_____

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.

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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11. Describe any preliminary steps you or your representative may have already taken to resolve your claim (such as a grievance filing, verbal, electronic, or documented correspondence, filing of a formal complaint to your employer or the recipient of Federal assistance, or arbitration of the dispute). Include the date(s) of any steps taken, to include the name of the person and entity with whom the complaint was filed, and the current status of the complaint (resolved, denied, under review or appeal, etc...). **Please provide a copy of any document you cite, including a copy of any formal complaint, a copy of any response(s) to the complaint, and a copy of any written procedure under which the complaint was filed** (such as a union contract, employee complaint procedure, or 13(c) complaint form).

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

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