<u>NOTE</u>: 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.

Please answer the following to the best of your knowledge

Claimant's name & address:	2. Party responsible for Employee Protections: Company Chief Exec Address
telephone ()	telephone ()
Email address:	Email address:
3. Claimant's employer (if different from #	
Chief Exec	
Address	
telephone ()	
Email address:	
Claimant's position with employer (jok	o):
employed from	to
5. Date the employee was affected by a	Federal project,
(or) date of violation(s) of the employee	e protections

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.)	
	-
	-

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

11. Describe any preliminary steps <u>you or your representative</u> may have already taken to resolve your claim (such as a grievance filing, <u>verbal, electronic, or documented</u> correspondence, filing of a formal complaint to your employer or the recipient of Federa 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		
complaint procedure, or 13(c) complaint form).		

49 U.S.C., Section 5333(b) CLAIM INFORMATION 12. Provide any additional information which may be helpful in considering your claim. 13. I hereby certify that the information in this application for protections under 49 U.S.C., Section 5333(b) is true and complete to the best of my knowledge. Claimant's signature Date Enclosures (provide attachments of necessary records)

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

2011