



GRIEVANCE FORM

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
TEAMSTERS LOCAL 986

- ☐ DHL DOCK EXPRESS
- ☐ DHL CLERICAL EXPRESS
- ☐ DHL/GLOBAL FORWARDING

MEMBER'S NAME _____

CLOCK # _____

MEMBER'S ADDRESS

HOME PHONE () _____ HOME PHONE () _____

JOB TITLE _____ WORK AREA & SHIFT _____

CRAFT SENIORITY DATE - mo ____ day ____ yr. ____ HOURLY BASE RATE OF PAY ____

STATION _____ IMMEDIATE SUPERVISOR _____

Specify the article(s) of the Agreement which supports the claim, this would include but not be limited to: _____

Employee's statement of grievance, describe the action giving rise to the complaint:

What is the remedy and/or relief sought?

Member's Signature _____ Date _____

Steward's Signature _____ Date _____

Decision of immediate supervisor or designee:

Supervisor's Signature _____ Title _____ Date _____

Member's Signature _____ Accepted _____ Rejected _____

Steward's Signature _____ Date received _____

Member's Signature _____

Date _____