

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 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: _____