



GRIEVANCE RECORD
TEAMSTERS LOCAL 986
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Member's Name:

Date:

Address:

City:

State:

Zip Code:

Work Phone:

Home Phone:

Cell Phone:

Date Hired:

Dept:

Shift:

Name of Company against whom you are filing a grievance:

Grievance is filed due to a contract violation of Article: Section: and any and all that may apply.

A management person to contact:

Name(s) of witness(es) to violation:

Shop Steward's name

INSTRUCTIONS: Please print or type your grievance. Write down everything you can remember. What happened? How did it happen? Who was there when it happened? Please allow a reasonable time for your grievance to be answered by the Company within the time limits set forth in your contract.

EXPLAIN GRIEVANCE BRIEFLY:

RELIEF REQUESTED:

Member's signature

COMPANY'S REPLY:

RECORD OF ACTION BY UNION:

AGENT _____

DATE _____