



GRIEVANCE FORM

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LOCAL 986
AIRLINE DIVISION

Log #: _____

Date Opened _____

Date Closed _____

Business Rep _____

FOR OFFICE USE ONLY

MEMBER’S NAME _____CLOCK # _____

MEMBER’S ADDRESS _____

HOME PHONE (_____) _____CELL 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 _____

I hereby authorize the Airline Division of TEAMSTER LOCAL 986 to act for me in the disposition and settling of this grievance.

Member’s Signature _____Date: _____