



TEAMSTERS LOCAL 1205

GRIEVANCE FORM



Company Name: _____ Today's Date: _____

Grievant(s) Name: _____ Email: _____

Grievant(s) Phone #: _____ Cell #: _____

Date of Occurrence: _____ Time: _____ Date of Hire: _____

Nature of Dispute (circumstances in short precise facts): _____

Names of witnesses: _____

Shop Steward Signature/Union

Grievant Signature

Remedy Requested:

Make whole in every way including:

COMPANY'S RESPONSE:

Supervisor's Name: _____ Date: _____
