



General Teamsters Local Union No. 439

Affiliated with International Brotherhood of Teamsters

GRIEVANCE REPORT

Members Name _____ Home Phone _____ Work Phone _____

Classification _____ Shift Worked _____

Company Name _____ Contract Involved _____

Name of Your Supervisor _____

Dates and Facts Involving Grievance (Include Article/Section Violated): _____

Lined area for writing the details of the grievance.

Has Management Been Requested to Correct Violations Yes No

If Yes, Date of Request _____ Name of Person _____

Managements Response _____

Remedy You Are Seeking: _____

Member's Signature _____ Date _____

Steward's Signature _____ Date _____

Disposition of Grievance _____