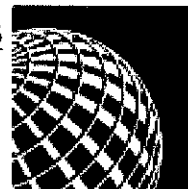




# **International Brotherhood of Teamsters**

## **Information of Complaint or Grievance**



Before using this form, the Grievant will first present the complaint to his Supervisor for discussion and possible solution. This form is to be completed by the Grievant and his Shop Steward only if the complaint cannot be resolved. The Supervisor shall then have (10) days to write a response providing a copy to the Grievant, Shop Steward and the Union Representatives.

**Part 1** - To be completed by Shop Steward and Employee:

### **Employee information:**

**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Station/Dept.:** \_\_\_\_\_

**Seniority Date:** \_\_\_\_\_ **Classification:** \_\_\_\_\_ **Days Off(Include Dates):** \_\_\_\_\_

**Shop Steward:** \_\_\_\_\_ **Shift Start Time:** \_\_\_\_\_ **Local Union#** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### **Nature of Complaint:**

**Applicable Contract Provision(s)** \_\_\_\_\_ **Date of Claimed Violation(s)** \_\_\_\_\_

**Remedy Sought:** \_\_\_\_\_

**Supervisor First Contacted:(Name)** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

**Date of Supervisors Oral Answer:** \_\_\_\_\_

### **Case Facts :**

(Give completed details including who, what, where, when, and why. Attach all records, forms, letters, or papers involved).

I believe that to the best of my knowledge, the above statement is true. I hereby authorize the Union to settle my complaint as they deem proper, and I agree to accept and be bound by the settlement agreed to by the Union, or decided by any Grievance Committee authorized by contract to adjudicate disputes or grievances with my employer.

\_\_\_\_\_  
**Shop Steward Signature**                      **Date:**                      **Employee's Signature**                      **Date:**

**Part II - To be completed by Supervisor**  
**Complaint Information**

Name of Complainant \_\_\_\_\_

Date Alleged Violation Occurred \_\_\_\_\_

Date Complaint Received \_\_\_\_\_

Date Oral Answer Given to Shop Steward (Name) \_\_\_\_\_ (Date) \_\_\_\_\_

**Case Facts** (Give all relevant facts and highlight important fact difference, if any, from Unions Position.)

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Answer:

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**Supervisor Signature:**

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**Date:**