

**GRIEVANCE FORM
TEAMSTERS LOCAL UNION NO. 117**

COMPANY _____ DATE _____

Member's Name _____ Job Classification _____

Member's Address: _____

Shift _____ Home Phone (_____) _____ Date of Hire _____

Cellular Phone (_____) _____ E-Mail _____

TYPE OF GRIEVANCE:

Discharge Suspension Seniority Other (Specify) _____

1. Date and time of violation: _____

2. Section(s) of contract violated: _____

3. Exact location violation occurred: _____

4. Name(s) of witnesses: _____

5. Name(s) of supervisor(s) involved: _____

6. What should be done to correct the grievance: _____

Briefly describe what happened: _____

Steward's Signature: _____

Supervisor's Response: _____

Supervisor's Signature: _____ Date _____

All grievances must be printed and signed. Once signed, one (1) copy must be submitted to your Employer and one (1) copy must go to Teamsters Local Union No. 117. You may fax the completed grievance to (206) 441-3153 or email it to your Business Representative.