



TEAMSTERS UNION

LOCAL 206 GRIEVANCE FORM

Portland Office 1860 NE 162nd Ave. Portland OR 97230 Springfield Office 711 Shelley St. Springfield OR 97477

GRIEVANT(S) INFORMATION

GRIEVANT(S) NAME: _____	
ADDRESS: _____	PH: _____
EMPLOYER: _____	DEPARTMENT: _____
STEWARD: _____	SENIORITY DATE: _____
SUPERVISOR: _____	DATE OF INFRACTION: _____

GRIEVANCE

CONTRACT ARTICLE(S) VIOLATED: (including but not limited to) _____
WHO: (people involved) _____
WHEN: (date and time) _____
WHERE: (location of violation) _____
WHAT HAPPENED: (provide as much detail as possible)

SETTLEMENT REQUESTED: (compliance and made whole) _____

SIGNATURE OF GRIEVANT(S) _____	
DATE FILED: _____	
RECEIVED BY THE UNION: _____	DATE: _____