COMPLAINT FORM

2529 Beltway Blvd. * Charlotte, NC 28214 * Office# (704) 596-2475 * FAX# (704)597-1520

Date____/____/____

Name_____

Address_____

City and State_____

Phone (____) _____-_____

Employed By **UPS Center**_____

Classification- **FT Package Car Driver**

Seniority Date ____/____/_____

Type of Complaint- Supervisor Working

Article Vio. – **Article 3 Sect 7 and all applicable**

Handled by Steward:_____

Received by: _____ Date ____/____/_____

Details: During the week ending on ___/___/___ the following management personnel were observed delivering and picking up packages. This issue is becoming a habitual problem due to the company's failure to maintain enough staffing to cover daily route needs and absences. I wish to be paid for all hours worked by management at 2 times my regular wages up to and including any due penalty for such violations.

The following is a detailed account of these violations.

Management person	Work performed/Route	Date	Time: to- from	Total

I wish to be paid for the total amount of time of _____ at 2 times my hourly rate of pay for this violation

DATE AND RESULTS OF LOCAL HEARING:_____

I HEREBY AUTHORIZE TEAMSTERS LOCAL NO. 71 TO REPRESENT ME ON MY COMPLAINT AND I SHALL ABIDE BY ANY DECISION RENDERED.

SIGNATURE OF MEMBER FILING COMPLAINT: _____

Union Printed by _____ - 704.372.6705 - Gastonia, NC