GRIEVANCE REPORT
TEAMSTERS LOCAL 853

2100 Merced Street, Suite B
San Leandro, CA 94577
510-895-8853 • Fax 510-895-6853

MEMBER/GRIEVANT'S NAME: _____ SS# _____

HOME ADDRESS: _____ ZIP _____
Street City

HOME PHONE: _____ WORK PHONE: _____

COMPANY NAME: _____ DATE: _____

DEPARTMENT:_____ DATE OF HIRE: _____ HOURLY RATE:_____

SUPERVISOR'S NAME: _____ STEWARD'S NAME: _____

SECTION(S) OF CONTRACT IN DISPUTE: _____

DESCRIPTION OF INCIDENT(S): _____

_____

_____

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_____

_____

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_____

RELIEF SOUGHT: _____

_____

_____

BUSINESS REPRESENTATIVE: _____

MEMBER'S SIGNATURE: _____