



TEAMSTERS LOCAL 1205

GRIEVANCE FORM



Company Name: _____

Grievance's Name: _____ Today's Date: _____

Date of Occurrence: _____ Time: _____ Date of Hire: _____

Nature of Dispute (circumstances in short precise facts): _____

Names of witnesses: _____

Shop Steward Signature/Union

Grievance's Signature

Remedy Requested:

Make whole in every way including:

COMPANY'S RESPONSE:

Supervisor's Name: _____ Date: _____

