

TEAMSTERS LOCAL 251



UNION GRIEVANCE FORM



Employee _____ SS # _____
 Home Phone No. _____ Steward _____
 Department _____ Phone No. _____

Violation: *Article* _____ *Section* _____ *Title* _____
 Date of Complaint _____
 Nature of Grievance _____

Remedy Desired _____

Signature of Grievant _____ Date _____

Step 1: *Date Submitted* _____ *Response Date* _____

* Step 2: *Date Submitted* _____ *Response Date* _____

* Step 3: *Date Submitted* _____ *Response Date* _____

Resolution _____

* If Necessary