

Teamsters Local 688 Grievance Fact Sheet



WHO is involved in the grievance?

Grievant

Name			
Shop/Department			
Job/Class		Pay Rate	
Address		Phone	

Management and/or Supervisors Involved

Name	
Department	
Job Title	

Witnesses

Name			
Department			
Job/Class			
Address		Phone	

Name			
Department			
Job/Class			
Address		Phone	

This Grievance Fact Sheet is only intended for union use. Do not turn it into the company.

WHAT happened? What is the grievance about? Be specific.

WHEN did the grievance occur? (include date and time)

WHERE did the grievance occur?

WHY is this a grievance? (article violated, past practice?)

WANT grievance settled and redress in full. What can be done to correct the situation? (same as settlement requested on grievance form)

Grievant's Signature _____

Date _____