



TEAMSTERS LOCAL 767 GRIEVANCE FORM

6109 Anglin Dr. Forest Hill, TX 76119 Metro (817) 429-9863 State wide (877) 767-7655 Fax (817)-429-0147

STEWARD SECTION (To be completed by steward)		EMPLOYER SECTION	DATE
NAME _____		Step 1 Signature _____	_____
E-Mail _____	Date presented to Employer _____	E-Mail _____	_____

EMPLOYEE SECTION. *Instructions:* Complete and give to your Union Steward. One issue per grievance please!

Print Name _____ Last 4 digits of SS# _____ Today's Date _____

Phone # _____ Seniority Date _____ Best time to call you _____

Home Address _____ Apt # _____ City / State / Zip _____

Classification _____ Start time _____ am pm Employer/Location _____

Grievant's e-mail: _____ Current pay rate: _____

NATURE OF GRIEVANCE (Check one).

- Unjust discharge (for UPS Circle One) – Actual Discharge Intent to Discharge
- Unjust suspension Protest of warning Pay Claim Other _____

WHEN did the violation occur? [Give date(s) and time(s)] _____

WHERE did the violation take place? _____

WHO were the people involved? Give the first and last names of all witnesses along with their phone numbers, if known. Identify all management personnel involved and indicate their title or area of responsibility.

WHAT happened? Give a **BRIEF** description of the facts of your claim. *Do not argue your case here; Just the facts please.*

WHY do you think you have a case? Go to page 3. On page 3 provide your Union Representative with a complete, legible description of your case.

LIST ALL CONTRACT ARTICLES VIOLATED: _____ The grievant alleges a violation of all relevant articles of the contract including the articles listed.

SETTLEMENT REQUESTED BY GRIEVANT: To be "made whole" in every way in addition to the following remedy:

GRIEVANT'S SIGNATURE _____ **Date Reported To Steward** _____

By the above signature I hereby give authority to any representative of the Union to represent me in this matter in the event I am not present at any subsequent hearing on this grievance.