

GRIEVANCE FORM

TEAMSTERS LOCAL UNION No. 769

8000 S. Orange Ave. Suite 107
Orlando, Florida 32809

3400 43rd Ave. Suite 3
Vero Beach, Florida 32960-1808

12365 West Dixie Hwy.
North Miami, Florida 33161-5428

Grievant's Name: _____ Job Title: _____

Complete Address: _____

Shift: _____ Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Employer Supervisor/Manager: _____

1. Grievant's Statement of Grievance:

(Describe in detail the action giving rise to the complaint. Specify names, dates, classification, place and site of violation, time, etc....)

2. Specify the Article(s) of the Agreement which is/are violated:

,and any other pertinent Articles

3. What is the remedy and/or relief sought?

I hereby authorize the Teamsters Local Union No. 769 to act for me in the disposition and settling of this grievance.

Date: _____ Grievant's Signature: _____

Date: _____ Steward Signature: _____

Decision & Appeal of Grievance

Decision of Employee Manager: _____

Date of Decision: _____ Employer Signature: _____ Title: _____

Signature of Union Steward: _____ Date: _____

Grievance Settled: Yes _____ **No:** _____

Case Appealed to: _____ Date: _____

Case Appealed by: _____ Title: _____ Date: _____

Decision of Appeal: _____

Signature of Deciding Employer Officer: _____ Title: _____

Date of First Appeal Decision: _____ Phone Number of Deciding Employer: _____

Signature of Union Representative: _____ Title: _____ Date: _____

Grievance Settled: Yes _____ **No** _____

Case Filed for Arbitration: Yes _____ No _____

By: _____ Title: _____