

TEAMSTERS LOCAL 916 GRIEVANCE FORM



Date Filed: _____

Grievant's Name: _____ Job Title: _____

Grievant Phone Number: _____ Grievant Email Address: _____

Steward's Name: _____ Steward Phone Number: _____

Employer's Name: _____ Worksite Location: _____

Address: _____ Employer Phone Number: _____

Employer Contact Name and Email Address: _____

Statement of Grievance

Include Article and Section of the Collective Bargaining Agreement or Employer Policy alleged to be violated:

Relief Requested:

Grievance Procedure Steps

Step 1

Date Submitted at Step 1: _____ Filed by: _____

Employer Response and Date: _____

Employer Response By: _____

Step 2

Date Submitted at Step 2: _____ Filed by: _____

Employer Response and Date: _____

Employer Response By: _____

Step 3

Date Submitted at Step 3: _____ Filed by: _____

Employer Response and Date: _____

Employer Response By: _____

Final Advancement or Resolution: _____

Date of Final advancement/resolution: _____

Approved by for the Union: _____ For the Employer: _____

Teamsters Local 916

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