## **Teamsters Local 728** Affiliated with International Brotherhood of Teamsters



2540 Lakewood Avenue, SW, Atlanta, GA 30315 - 404-622-0521 FAX 404-627-2045

## **GRIEVANCE REPORT FORM**

THIS FORM MUST BE FILLED OUT COMPLETELY!

Grievant's Name			Date Grievance Filed
Address			Date Grievance Occurred
City	State	Zip	Business Agent
Seniority Dates		Terminal	Classification: City, Road, Shop, Office
Contract Violatio	n (includina, l	out not limited to) Art	cle No:

Explain Grievance (PLEASE PRINT):

**Remedy Requested:** 

[If more space is needed, please use reverse side. It is advisable that Member keeps a copy.]

By presenting this grievance, the employee grants to the Union complete authority to present, negotiate and bargain regarding this grievance and agrees to be bound by such disposition of the grievances as may be made or agreed to by the Union or its designated Representatives.

Company

Grievant's Signature

Address

City

Zip

State

**Telephone Number** 

You MUST have an article number in order for grievance to be proper.

Steward's Signature

Cause of Grievance (con't)

Investigation of Grievance by Job Steward: Date \_\_\_\_\_ Investigation of Grievance by Business Agent of Local Union 728: Date \_\_\_\_\_ Disposition: Settled On:\_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_