



# LOCAL 804 GRIEVANCE FORM

44 S. Bayles Ave, Port Washington, NY 11050

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## GRIEVANT(S) INFORMATION

|                   |  |
|-------------------|--|
| GRIEVANT(S) NAME: | ID#  |
| STEWARD NAME:     | CLASSIFICATION:  |
| BUSINESS AGENT:   | BUILDING:  |
| WAGE RATE: \$     | SEN. DATE: FT <input type="checkbox"/> PT <input type="checkbox"/> |

## GRIEVANCE

|   |
|---|
| <b>CONTRACT ARTICLES VIOLATED:</b> <i>(Including but not limited to):</i> |
| <b>WHO:</b> <i>(Management involved):</i>                                 |
| <b>WHEN:</b> <i>(Date/Time of violation):</i>                             |
| <b>WHERE:</b> <i>(Location of violation)</i>                              |
| <b>WHAT HAPPENED:</b> <i>(Grievance in precise facts )</i>                |

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| <b>SETTLEMENT REQUESTED:</b> <i>(The following to include being "made whole" in every way)</i> |
| <b>SIGNATURE OF GRIEVANT(S)</b> <span style="float: right;"><b>DATE:</b></span>                |

DATE THIS WRITTEN GRIEVANCE SUBMITTED TO COMPANY BY STEWARD/AGENT:

COMPANY RESPONSE:

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EMPLOYER (Print Name) \_\_\_\_\_ (Sign Name) \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_