



LOCAL 804 GRIEVANCE FORM

44 S. Bayles Ave., Port Washington, NY 11050

WEB ADDRESS: [HTTP://teamsterslocal804.org](http://teamsterslocal804.org) PHONE: 718-786 5700 FAX: 718 786 5757

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

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

SETTLEMENT REQUESTED: <i>(The following to include being "made whole" in every way)</i>	
SIGNATURE OF GRIEVANT(S)	DATE:

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

COMPANY RESPONSE:

EMPLOYER (Print Name) _____ (Sign Name) _____ DATE: ___/___/___