



# 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

<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>

<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: \_\_\_/\_\_\_/\_\_\_