



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

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|---|
| 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> |

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| 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: __/__/__