



# 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>

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

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

COMPANY RESPONSE:

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