



# LOCAL 804 GRIEVANCE FORM

44 South 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:

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