



TEAMSTERS LOCAL No.118

GRIEVANCE FORM

Employer _____

Name (print) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Extension _____

NATURE OF GRIEVANCE

Note: In writing up this complaint, be careful to give accurate information with exact dates and complete details. Your Union Officers depend on this information to secure a just settlement from the Company.

Article(s), Section(s) _____

Signature of Complainant _____

Received by _____ Date _____ Time _____

If settled, enter date and particulars _____

