

GRIEVANCE REPORT

(Refer to grievance processing guidelines on reverse side)

CLAIMANT(S): _____ **CLAIMANT EMAIL:** _____

DATE FILED: _____

EMPLOYER: _____

PRESENTED TO: _____

Article(s) Violated: _____

Claim Description (Be Specific. Use additional paper if necessary):

Remedy Sought (Be Specific. Use additional paper if necessary):

Make whole remedy including but not limited to;

Discussed with Department Manager on _____ **Result:** _____

I authorize Teamsters 58 to represent me regarding this complaint including authorizing disclosure of requested Employer discovery records and documents and agree to abide by the final disposition rendered.

Grievant's Signature: _____

Date: _____

COPY ISSUED BY GRIEVANT TO EMPLOYER WITH A COPY IMMEDIATELY BEING FAXED TO TEAMSTERS 58 @ 360.695.0768 OR OTHERWISE DELIVERED BY GRIEVANT TO TEAMSTERS 58 @; 2212 NE ANDRESEN ROAD, VANCOUVER WA, 98661