Print Form

International Brotherhood of Teamsters

Information of Complaint or Grievance

Before using this form, the shop steward and the supervisor shall make an earnest effort to resolve the issue satisfactorily. This form is to be completed by the member and the shop steward. The supervisor shall then have ten(10) days to write a response. The shop steward shall provide a completed copy to the union, the member, and the company.

Part 1 – To be completed by shop steward and employee

Employee information:

Name: _____ File #: _____ Station/Dept:____/_____

Classification: _____ Class Seniority: _____ Company Seniority: _____Local_____

Shop Steward:_____ Shift Start Time:_____Days Off:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Home Address: _____

City: _____ State:_____Zip Code:_____

Nature of Complaint:

Applicable Contract Provision(s):_____ Date of Claimed Violation(s):_____

Remedy sought:_____

Supervisor First Contacted:_____ Date of contact:_____

Date of Supervisor's Oral Answer:_____

Case Facts: (Give complete details including who, what, where, when and why. Attach all records, forms, letters or papers involved.)

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Steward's Signature | Date | Member's Signature | Date

Part II – To be completed by Supervisor

Complaint Information

Name of Complainant: _____

Date Alleged Violation Occurred: _____

Date Complaint Received: _____

Name of Shop Steward and Date of Oral Answer: _____ _____
Shop Steward | Date

Case Facts: (Give all relevant facts and highlight important fact differences, if any, from the Union's position.)

First Step Answer:

Supervisor's Name | Supervisor's Signature | Date