



TEAMSTERS LOCAL 89

President Avral Thompson

Secretary-Treasurer Jeff Cooper

GRIEVANCE INVESTIGATION FORM

PAGE ONE

DATE _____ MEMBER'S NAME _____ MEMBER'S EMPLOYER _____

MEMBER'S PHONE # _____ MEMBER'S HOME ADDRESS _____

MEMBER'S HIRE DATE _____ MEMBER'S JOB TITLE _____ MEMBER'S WORK AREA AND DEPARTMENT _____

TYPE OF GRIEVANCE

<input type="checkbox"/> DISCHARGE	_____	<input type="checkbox"/> PAY ISSUES	_____
	DATE		DATE
<input type="checkbox"/> SUSPENSION	_____	<input type="checkbox"/> SUPERVISOR WORKING	_____
	DATE		DATE
<input type="checkbox"/> WARNING LETTER	_____	<input type="checkbox"/> WORKING CONDITIONS	_____
	DATE		DATE
<input type="checkbox"/> SAFETY ISSUES	_____	<input type="checkbox"/> OTHER	_____
	DATE		DATE

SUPERVISOR'S NAME _____

HAS GRIEVANCE BEEN DISCUSSED WITH SUPERVISOR? ☐ YES _____
DATE

IF NO, PLEASE EXPLAIN _____ ☐ NO

STEWARD'S NAME _____

HAS GRIEVANCE BEEN DISCUSSED WITH STEWARD ☐ YES _____ ☐ NO
DATE

IF NO, PLEASE EXPLAIN _____

WAS THE GRIEVANCE FILED IN A TIMELY MANNER? ☐ YES _____
DATE

IF NO, PLEASE EXPLAIN _____

CONTINUE ON BACK



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WITNESSES AND/OR OTHERS INVOLVED _____
(IF APPLICABLE)

CONTRACT ARTICLE(S) VIOLATED _____

FACTS OF THE CASE _____

WHAT IS THE REMEDY SOUGHT? _____

ADDITIONAL NOTES _____
