



# General Drivers, Warehousemen & Helpers Local Union 89

Affiliated with the International Brotherhood of Teamsters

3813 Taylor Blvd Louisville, KY 40215

(502) 368-5885

## GRIEVANCE FORM

*PLEASE PRINT CLEARLY*

Name: \_\_\_\_\_ Date Grievance was Filed: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Seniority Date: \_\_\_\_\_

Employed by: \_\_\_\_\_ Article: \_\_\_\_\_ and all others applicable.

Date I saw my Employer on this grievance: \_\_\_\_\_

Brief Summary of Violation(s) including Date(s) of Violation(s):

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Please describe the remedy you seek for this grievance:

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and to be made whole in every way.

\_\_\_\_\_  
Received by Company Representative

\_\_\_\_\_  
Signature of Grievant

## BUSINESS AGENT'S NOTES

Business Agent's Name: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Present for the Union: \_\_\_\_\_ Present for the Company: \_\_\_\_\_

Disposition of Grievance:

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