General Teamsters Local Union No. 439
Affiliated with International Brotherhood of Teamsters

GRIEVANCE REPORT

Members Name _____ Home Phone _____ Work Phone _____

Company Name _____ Contract Involved _____

Name of Supervisor _____

Dates and Facts Involving Grievance (Include Article/Section Violated): _____

Has Management Been Requested to Correct Violations YES ☐ NO ☐

If Yes, Date of Request _____ Name of Person _____

Managements Response _____

Remedy You Are Seeking: _____

Member's Signature: _____ Date: _____

Steward's Signature: _____

Disposition of Grievance: _____

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