

# GRIEVANCE FORM

## TEAMSTERS LOCAL UNION No. 769

8000 S. Orange Ave. Suite 107  
Orlando, Florida 32809

3400 43rd Ave. Suite 3  
Vero Beach, Florida 32960-1808

12365 West Dixie Hwy.  
North Miami, Florida 33161-5428

Grievant's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Shift: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Supervisor/Manager: \_\_\_\_\_

1. **Grievant's Statement of Grievance:**

(Describe in detail the action giving rise to the complaint. Specify names, dates, classification, place and site of violation, time, etc....)

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2. **Specify the Article(s) of the Agreement which is/are violated:**

**,and any other pertinent Articles**

3. **What is the remedy and/or relief sought?**

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I hereby authorize the Teamsters Local Union No. 769 to act for me in the disposition and settling of this grievance.

Date: \_\_\_\_\_ Grievant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Steward Signature: \_\_\_\_\_

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## Decision & Appeal of Grievance

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Decision of Employee Manager: \_\_\_\_\_

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Date of Decision: \_\_\_\_\_ Employer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Union Steward: \_\_\_\_\_ Date: \_\_\_\_\_

**Grievance Settled: Yes** \_\_\_\_\_ **No:** \_\_\_\_\_

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Case Appealed to: \_\_\_\_\_ Date: \_\_\_\_\_

Case Appealed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Decision of Appeal: \_\_\_\_\_

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Signature of Deciding Employer Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Date of First Appeal Decision: \_\_\_\_\_ Phone Number of Deciding Employer: \_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Grievance Settled: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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Case Filed for Arbitration: Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_