Teamsters Local 916

Affiliated with the International Brotherhood of Teamsters

GRIEVANCE REPORT AND RECORD

Check one

Filed by Union ☐
Filed by steward ☐
Filed by employee ☐

Grievance No. _____ Date: ____/____/_____

Employee Name:	Position:	Social Security no:
Work Address or Facility:		

Employer:			
Address:	City:	State:	Zip:

Statement of Grievance [Include the date(s) of the incident(s) and article(s) of the agreement and/or work rules violated]

Reported to the steward? Yes ☐ No ☐ NA ☐

If **Yes**, list date: ____/____/_____

Relief Requested: _____

Signature: _____

Union Representative ☐

Steward ☐

Employee ☐

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