

GARAGE EMPLOYEES LOCAL 272

Affiliated with the International Brotherhood of Teamsters, AFL-CIO



GRIEVANCE REQUEST FORM

Date: _____

Name: _____ Social Security: _____ Tel : _____

Address _____ Apt# _____ City _____ State _____ Zip Code _____

Employer: _____ Supervisor: _____

Address: _____ Garage Telephone: _____ Shift: _____

Nature of Grievance:

(Circle One) Termination - Lay Off - Suspension - Other: _____

Date of Occurrence: _____

.....

Summary of Facts: _____

Grievant (Signature): _____ Date: _____ Int.Date: _____

.PLEASE DO NOT WRITE BELOW THIS LINE.

Dues Paid Thru-Date: _____ Medical Coverage- Yes _____ No _____

Hearing Date Scheduled for: _____ Reinstated as of: _____

REMARKS: _____

Interviewed By: _____ Date: _____