



# GRIEVANCE REPORT

## TEAMSTERS LOCAL 853

7750 Pardee Lane • Oakland, CA 94621-1497  
510-895-8853 • Fax 510-895-6853

After signing/completing this form, you may return it to your business rep,  
fax/mail it to the office, or email it to [connections@teamsters853.org](mailto:connections@teamsters853.org)

MEMBER/GRIEVANT'S NAME: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_  
  Street  City

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ STEWARD'S NAME: \_\_\_\_\_

SECTION(S) OF CONTRACT IN DISPUTE: \_\_\_\_\_

### **DESCRIPTION OF INCIDENT(S):**

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RELIEF SOUGHT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF BUSINESS REPRESENTATIVE: \_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_