TEAMSTERS LOCAL 315 GRIEVANCE FORM	
Member's Full Name:	Home Phone:
Name of Company:	Business Phone:
Location:	Shop Steward:
Supervisor:	
FACTS	
Type of Contract and Section violated, including but not limited to:	
Give A Complete Report of Complaint:	
Requested Remedy:	
Reported to Management on (Month/Day/Year)	
Signed:	Date:
Name of Supervisor/Manager you discussed the grievance with in an attempt to resolve this issue:	
DISTRIBUTION: Original - UNION; 1st Copy - GRIEVANT; 2nd copy – EMPLOYER	

G:\Local 315 Files on Ntserver\General Office\Forms\Grievance Related\Grievance Form.doc

Martinez Office 2727 Alhambra Ave Martinez, CA 94553

Office Use Only:

Tel 925-228-2246 Fax 925-228-1612

Received:

Vallejo Office 445 Nebraska Street Vallejo, CA 94590

From:

Tel 707-643-0387 Fax 707-643-3312