



TEAMSTERS LOCAL UNION No. 17  
STATES OF COLORADO AND WYOMING  
7010 BROADWAY, STE. 200 - DENVER, COLORADO 80221  
PHONE: (303) 433-6496 FAX: (303) 433-5950  
TEAMSTERSLOCAL17.ORG



## GRIEVANCE FORM

No. **E**

1

NAME OF COMPANY \_\_\_\_\_ CITY/LOCATION \_\_\_\_\_  
SHIFT WORKED \_\_\_\_\_ DATE GRIEVANCE OCCURRED \_\_\_\_\_  
MEMBER'S NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS# \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
(last four digits)

2

WARNING LETTER      SUSPENSION      DISCHARGE      ARTICLES VIOLATED  
SENIORITY VIOLATION      PAY CLAIM      OTHER \_\_\_\_\_

DESCRIPTION OF GRIEVANCE. (WHO, WHAT, WHERE, WHEN)

WHAT ACTION IS REQUESTED?

3

MEETING WITH STEWARD, MEMBER & COMPANY IN ORDER TO RESOLVE GRIEVANCE.

DATE \_\_\_\_\_ UNRESOLVED      RESOLVED

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
MEMBER SIGNATURE      STEWARD SIGNATURE      MANAGEMENT SIGNATURE

4

WRITE RESOLUTION BELOW

DATE OF RESOLUTION: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
MEMBER SIGNATURE      UNION SIGNATURE      COMPANY SIGNATURE

# INSTRUCTIONS FOR GRIEVANCE PROCESSING:

**The form has 4 sections. Please read the instructions completely.**

## SECTION 1:

1. Name of Company: Where you work.
2. City/Location: This is the name of the center or terminal where you work
3. Shift worked: Your general start - finish time and classification.
4. Date Grievance occurred: Form will only accept mm/dd/yyyy format.
5. Member's name: Enter full name.
6. Mailing address: Enter full number and street name.
7. City: City
8. State: Colorado or Wyoming
9. Zip: Zip Code
10. SS#: Last four digits of your Social Security number.
11. Phone: Needed to contact grievant.
12. Email: Optional but useful when sending documents.

## SECTION 2:

Grievances are classified by the nature of the alleged offense. Discipline involves either: Warning letter, Suspension or Discharge. If your grievance falls under one of these categories, please check the ONE box that applies. If your grievance is a Seniority Violation, Pay Claim or Other type of grievance, check the ONE box that applies.

Enter the contractual article(s) that was/were violated.

Description: Use this space to describe the grievance.

What action is requested: State action requested to settle the grievance.

## SECTION 3:

Date of meeting in order to resolve the grievance: The resolution process requires a grievant to meet with the company and steward first. If this meeting has already occurred, enter the date (mm/dd/yyyy). If the grievance was resolved, check the RESOLVED box and enter the resolution in box 4.. If the grievance was not resolved, check the UNRESOLVED box and **STOP** here. Print the grievance and obtain the 3 signatures.

Signed, printed and completed grievances must be mailed, faxed or scanned and emailed to Teamsters Local

17. Completed grievances can be emailed to: [Info@TeamstersLocal17.org](mailto:Info@TeamstersLocal17.org)

## SECTION 4:

If a resolution was reached, enter it here. Obtain the necessary signatures and send this grievance to Teamsters Local 17. This form contains fillable form fields and must be filled out online or using Adobe (NOT BY HAND). You can print the completed form and save it to your device. Grievance numbers are automatically assigned to this form AFTER it has been completed. Signed, printed and completed grievances must be mailed, faxed or scanned and emailed to Teamsters Local 17. Completed grievances can be emailed to: [Info@TeamstersLocal17.org](mailto:Info@TeamstersLocal17.org).