



TEAMSTERS LOCAL UNION No. 17
STATES OF COLORADO AND WYOMING
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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