TEAMSTERS LOCAL 70
REQUEST FOR GRIEVANCE INVESTIGATION

400 ROLAND WAY
OAKLAND, CA 94621
510-569-9317 TELE
510-569-1906 FAX

TODAYS DATE: _____

EMPLOYER: _____

MEMBER/GRIEVANT'S NAME: _____

HOME ADDRESS: _____ ZIP: _____

HOME PHONE: (_____) _____

EXPLANATION OF INCIDENT OR VIOLATION – (INCLUDE ALL DATES, NAMES, EQIP. USED)

DATE OF INCIDENT: _____

_____

_____

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_____

AGREEMENT ARTICLE: _____

RELIEF SOUGHT:

_____

_____

GRIEVANTS SIGNATURE: _____

BUISNESS AGENT SIGNATURE: _____ DATE: _____