



No. _____

PLEASE FILL OUT COMPLETELY

Grievant Name	Telephone No.	
Mailing Address _____ _____		
City, State, Zip _____		
Name of Company against whom you are filing complaint:		
Occupation	Seniority Date	Employee I.D. # (If applicable)
Worksite Location/Facility Name Center Name if U.P.S.		Manager/Supervisor
Give Details of complaint. Be sure to include date violation occurred. _____ _____ _____ _____ _____ _____ _____ _____		
When did you join Local 222?		
This will constitute Teamsters Local 222 or any employee or agent designated by them as my attorney-in-fact empowered to receive on my behalf any monies due me. ***GRIEVANT'S SIGNATURE _____		
Record of action by Union	Date Case Settled _____	
_____ _____ _____ _____		
Complaint taken by:	Date:	
Assigned to:	Date:	
Business Agent Signature:		