GRIEVANCE RECORD **TEAMSTERS LOCAL 222**

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** → _____		
Complaint received by:	**Date:** _____/_____/_____	
Assigned to:	**Date:** _____/_____/_____	
Business Agent Signature:		