

IMPLEMENTATION OF GRIEVANCE

Local 210

**Affiliated International
Brotherhood of Teamsters**

**55 BROAD STREET
NY, NY 10004**

Vox (212) 757-3463

Vox (973) 681-2750

Fax (973) 681-2752

Grievance# _____ Date _____

CO. _____ Station _____ Classification _____

Subject Grievance is: (check one)

Discipline Discharge Contract Violation

Rec'd on ____/____/____ *

Rec'd by Co. Rep. _____

L210 Only

Filed: _____

Hear by: _____

Dec. due: _____

Appeal by: _____

Appealed: _____

Member's Name _____ Emp. # _____

Address _____ Home Phone No. _____ - _____

City _____ State _____ Zip _____ Work Phone No _____ - _____

Statement of Grievance (state Contract violation if applicable):

Remedy/Relief Sought:

I hereby authorize **Local 210** to act for me in the disposition and/or settling of this grievance. I further authorize Local210, its officers, agents, or representatives to access and copy my personnel file as maintained by the Company.

Date: _____

Employee Signature: _____

Steward Print Name: _____

Steward Signature: _____

Chief Steward Print Name: _____

Chief Steward Signature: _____