



TEAMSTERS LOCAL 1150

GRIEVANCE RECORD

ORAL STEP ONE

NAME _____ CLOCK# _____ DEPT _____ SHIFT ____ PHONE _____

SUPERVISOR _____ HR REPRESENTATIVE _____

STEWARD _____ MANAGEMENT REPRESENTATIVE _____

DATE OF COMPLAINT _____ DATE OF MEETING _____

COMPLAINT:

COMPANY'S POSITION:

DISPOSITION:

SIGNATURES:

STEWARD

SUPERVISOR

DATE