TEAMSTERS LOCAL 1150

GRIEVANCE RECORD

ORAL STEP 1

NAME _____ CLOCK _____ DEPT _____ SHIFT ___ PHONE _____

SUPERVISOR _____ HR REPRESENTATIVE _____

STEWARD _____ MANAGEMENT REPRESENTATIVE _____

DATE OF COMPLAINT _____ DATE OF MEETING _____

COMPLAINT:

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COMPANY'S POSITION:

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DISPOSITION:

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SIGNATURES:

_____ _____ _____

STEWARD SUPERVISOR DATE