



# Teamsters Local 70

## UPS GRIEVANCE FORM



Date: \_\_\_\_\_ Date of Violation: \_\_\_\_\_

Employee: \_\_\_\_\_ Employee Phone #: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Work Location:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Feede    | <input type="checkbox"/> Package: <i>LM SL HAY FMT</i>                   |
| <input type="checkbox"/> 22.3     | <input type="checkbox"/> Airport: <i>Full Time 22.3 Sunrise Twilight</i> |
| <input type="checkbox"/> Preload  | <input type="checkbox"/> Carwash   |
| <input type="checkbox"/> Twilight | <input type="checkbox"/> Nights  |

Explanation of contract violation, incident, etc... You must provide the date, time and location of the violation. Also, please include names of witness (if any), equipment numbers and any other pertinent information. **PLEASE PRINT.**

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Contract Article Violated: \_\_\_\_\_

### Relief Sought:

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Date Submitted to UPS: \_\_\_\_\_ Date Submitted to Local 70: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

UPS Response and Position: No Contract Violation

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