



GRIEVANCE FORM

TEAMSTERS LOCAL UNION NO. 186
SANTA BARBARA AND VENTURA COUNTIES
ABEL GARCIA SECRETARY- TREASURER
1534 EASTMAN AVENUE SUITE B
VENTURA, CA 93003 PHONE 805-644-0070 FAX 805-644-0084

Filing Date: _____

1. Name: _____ 2. Cell Phone No: _____
3. Home Phone No: _____ 4. E-mail Address: _____
5. Address: _____ 6. City: _____ 7. Zip Code: _____
8. Name of Employer: _____ 9. Date of Hire: _____
10. Job Classification _____ 11. Start Time: _____
12. Name of Supervisor: _____ 13. Rate of Pay: _____
14. The date you informed your Supervisor: _____
15. Type of Grievance. Discharge Suspension Seniority Other

16. Statement of Grievance (Give dates, contract provisions violated, names, dates, locations and any pertinent facts).

Step 1. You are required to discuss this grievance with your Supervisor. Step 2. If unresolved, submit this to your Steward or Business Representative.

17. The Company Representative you talked to: _____
18. The Company's response: _____

19. Member's Signature: _____
20. Stewards Signature: _____