



TEAMSTERS UNION LOCAL NO. 186

Santa Barbara and Ventura Counties

1534 Eastman Avenue, Suite B, Ventura, CA 93003
Phone: (805) 644-0070 • Facsimile: (805) 644-0084

UPS GRIEVANCE FORM

Abel Garcia
Secretary Treasurer

Filing Date: _____

1. Name _____ 2. Home Phone: _____
3. Cell Phone No: _____ 4. Email Address: _____ 5. EIN. # _____
6. Complete Address: _____
7. UPS Center: _____ 8. Date of Hire: _____
9. Job Classification(s): _____ 10. Start Time: _____ 11. Rate of Pay: _____
12. Type of Grievance: _____ Discharge _____ Suspension _____ Seniority _____ Other _____
13. Statement of Grievant: (Give dates, contract provisions violated, names, locations and any other pertinent facts):

Step 1. You are required to discuss this Grievance with your Supervisor within five (5) days of the occurrence.
Step 2. If unresolved, submit this to your Steward or Business Representative within ten (10) days from the occurrence.

16. The Supervisor you informed: _____ 17. Date you informed Supervisor: _____
18. The Company's Response: _____
19. Member's Signature: _____ 20. Steward's Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE- UNION USE ONLY

Disposition No.: _____ Grievance No.: _____ Date Received: _____

Resolution: _____

Forward to Grievance Panel: YES _____ NO _____ JALM CHECKLIST: _____ Entered on JALM Spreadsheet

_____ JALM Pre-Hearing Filing to DC Manager and Union Secretary