TEAMSTERS' UNION LOCAL 179

GRIEVANCE REPORT

Name of Company _____

Address of Company _____
(Street) (City) (State) (Zip)

Date Reported _____ Company Phone No. (____) _____

Printed name of person reporting grievance _____

Address _____ Phone No. (____) _____
(Street) (City) (State) (Zip)

NATURE OF GRIEVANCE

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Resolution Requested: _____

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Signature of person reporting grievance _____

Date settled _____ By _____ Title _____

Remarks _____

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