



TEAMSTERS LOCAL 1150

GRIEVANCE RECORD

STEP 1 (ORAL STEP)

NAME	CLOCK NO.	DEPARTMENT	SHIFT	PHONE
SUPERVISOR	MANAGEMENT REPRESENTATIVE		HR REPRESENTATIVE	
STEWARD	DATE OF COMPLAINT		DATE OF MEETING	

COMPLAINT:

COMPANY'S POSITION:

DISPOSITION:

STEWARD'S SIGNATURE	SUPERVISOR'S SIGNATURE	DATE
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