



TEAMSTERS LOCAL UNION No. 688

AFFILIATED WITH INTERNATIONAL BROTHERHOOD OF TEAMSTERS
4349 WOODSON RD. SUITE 200 • ST. LOUIS, MISSOURI 63134-3718
PHONE: (314) 513-5800 • FAX: (314) 426-4450



COMPLAINT FORM

Date _____

Grievants (Name) _____ Home No. _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Location _____

Seniority Date _____ Job Title _____ Salary _____ Per Hour _____

Social Security No. (last 4 digits) _____

Date of Occurrence _____ Violation of Article _____ and any other Articles that may apply

State the exact nature of your complaint _____

Settlement requested _____

I believe that to the best of my knowledge, the above statement is true. I hereby authorize the Union to settle my complaint as they deem proper, and I agree to accept and be bound by the settlement agreed to by the union, or decided by any Grievance Committee authorized by contract to adjudicate disputes or grievances with my employer.

Members Signature _____ Stewards Signature _____ Stewards Phone No. _____

Date _____ Company Answer _____

_____ Company Rep. _____

Date _____ Company answer was acceptable not acceptable

Steward and / or Grievants Signature _____

Date _____ Disposition _____

Business Agent _____