Date: _____

Teamsters Local #190 / UPS Grievance Form

Grievant Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Seniority Date: _____

Location you work at: Billings ◯ Miles City ◯ Glendive ◯ Broadus ◯

Job Title: _____ Shift: _____

Supervisor: _____

Date(s) of Occurrence: _____

Contract Article(s): _____

Date of Discussion with Management: _____ Supervisor's Initials: _____

Grievance statement MUST contain all of the following information:
What Happened? Who Was Involved? (Include Names of hourly, Management & any Witnesses)
Where and When did this happen? (Location / Date / Time)
Why was this a contract violation? (cite relevant contract articles)
How can the situation be remedied? (What do you want as a resolution to your grievance?)

Signature _____

Form must be submitted in person, by U.S. Mail, or by fax. **Submission by e-mail is not available and will not be accepted.**

Please return this form immediately to:
Teamsters Local #190
P.O. Box 50969 or 437 Kuhlman Dr.
Billings, MT 59105
Phone: (406) 248-2658 Fax: (406) 248-1503

Clear All Fields