

Teamsters Union Local No. 252 UPS Grievance Form

Name _____ Phone # _____ Classification _____

Employer _____ Date(s) of Violations _____

Section of Agreement Violated: _____ Past Practice? _____

Report to Immediate Supervisor? _____ Date Reported: _____

Name of Supervisor _____

Results _____

Employee Signature _____ Date: _____

Union Representative
Receiving Grievance _____ Date: _____

Employee Statement: Include all pertinent information, i.e. dates, time, locations, parties involved.