

# LOCAL 600 GRIEVANCE

Hearing Type & Date	Case Number	Disposition

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Length of Service: \_\_\_\_\_ years

Home Phone Number: \_\_\_\_\_

Violation of Article \_\_\_\_\_ Section \_\_\_\_\_  
AND ALL OTHER ARTICLES THAT MAY APPLY

(PRINT CLEARLY THE NATURE & REMEDY OF YOUR COMPLAINT)

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\*\*\*I am also requesting that all additional information contrary and/or relevant to this grievance be provided to me by the company within 15 days from the earliest punch mark above, in accordance with Article 7, Section 2 of the National Master Freight Agreement.\*\*\*

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.



Signed: \_\_\_\_\_