Chauffeurs, Teamsters and Helpers Union

Local No. 371

**101 31st Avenue Rock Island, Illinois 61201**

# Telephones: Rock Island 787-4456 – FAX: 787-4888

## FREIGHT GRIEVANCE

PLEASE PRINT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name |  | | | | | | | | | | Address | |  | | | | | | | | | | Phone No. | | | |  | | | | |
|  | |  | | | | | | | | |  | |  | | | | | | | | |  | | | | |  | | | | |
| Employed by | |  | | | | | | | | | Foreman | |  | | | | | | | | | Length of Service | | | | |  | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Name of Carrier involved | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| City of Operation | | | | |  | | | | | | | | Mailing Address | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circumstances of dispute (check applicable space or spaces): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | | |
| Warning Notice | | |  | | | | | | Interpretation request | | | | |  | | | Disciplinary time off | | | | | | |  | | Discharge | | | |  | |
|  | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |
| Back-pay Claim | | | |  | | | | | | | Other |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Contract Section violated | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of alleged violation | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| State Nature of Grievance be Specific to the Facts, Dates and Times. | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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|  |  |  | | Member’s Signature | |  | | | |
|  |  |  | |  | | |  |  | |
| State |  | Date grievance received | |  | | | Date heard |  | |
| **Committee** |  | Decision |  | | | | | | |
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| **(No. of Case)** |  |  | | |  | |  | |  |