



# MEMBER'S RECORD OF CONTRACT VIOLATION

TEAMSTERS AUTOMOTIVE, INDUSTRIAL AND ALLIED WORKERS LOCAL NO. 495

TODAY'S DATE \_\_\_\_\_ GRIEVANCE NUMBER \_\_\_\_\_  
(SCE, INT'L ONLY)

NAME \_\_\_\_\_ MEMBER ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

COMPANY'S NAME \_\_\_\_\_

COMPANY'S ADDRESS \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ HIRE DATE \_\_\_\_\_

### NATURE OF GRIEVANCE/DISPUTE

DATE GRIEVANCE OCCURRED \_\_\_\_\_

NATURE OF GRIEVANCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELIEF REQUESTED/ACTION SOUGHT \_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_

***(Member must give completed Grievance Form to the Employer and the Union in a timely manner or it may be deemed invalid).***

### PLEASE DO NOT WRITE IN BOXED AREA – OFFICE USE ONLY

ARTICLE VIOLATED: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CASE SETTLED \_\_\_\_\_ DATE \_\_\_\_\_ AGENT \_\_\_\_\_

**Print out and mail completed form to:**

800 S. Barranca Ave, Suite 320  
Covina, CA 91723-3604  
Phone: 626.915.4954  
FAX: 626.915.5495