

RETAIL DELIVERY DRIVERS LOCAL 2785 INFORMATION OF COMPLAINT OR GRIEVANCE



Date of Incident	Location/Shift	Date reported	
Name		Cell Phone	
Address	City	Home Phone	
Name of Company		Business Phone	
Your Supervisor			
Shop Steward's Name			
Type of Contract and Se	ection violated		
Give Complete report o	f complaint including names	of witnesses:	
Remedy requested			
<i>,</i> .		×	
Attach copy of "Employ	vers Reply" from notice of Pot	ential Grievance or Complaint	
		Signed	
WHITE – Union Office Copy		Date	
CANARY – Grievance Committee Copy PINK – Shop Steward's Copy GOLDENROD – Member's Copy			® (1997) 850