

General Drivers, Warehousemen & Helpers Local Union 89

3813 Taylor Blvd
Louisville, KY 40215
Phone (502) 368-5885 (800) 782-0896

RECORD OF GRIEVANCE

Name (print clearly) _____ Date Grievance Filed _____

Address _____

City, State & Zip Code _____

Phone No. _____ Social Security Number _____

Employed by _____ Seniority Date _____

Date I saw my Employer on this grievance _____ Article _____

Grievance (Summarize clearly and give dates) _____

Remedy Sought

Received by Company Representative

Grievants Signature

Disposition of Grievance (to be filled in by Business Agent)

Hearing Date _____
