

TEAMSTERS LOCAL 137

530-243-0232

MEMBER GRIEVANCE CLAIM FORM

**Date:** \_\_\_\_\_

**Member:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Incident/Violation:**

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**Member Explanation:**

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**Witnesses (if any to violation):**

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**Remedy Sought:**

- ☐ Economic
- ☐ Non-Economic

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date