



GRIEVANCE FACT SHEET

For office use only

Date _____

Local _____ District _____ Grievance No. _____
(TO BE FILLED OUT BY THE STEWARD OR GRIEVER AND ATTACHED TO THE UNION COPY ONLY. PLEASE PRINT)

WHO IS INVOLVED IN THE GRIEVANCE?

Home Phone # _____

Cell Phone# _____

Name _____

Check No. _____

Department _____ Job / Class _____ Rate _____

Seniority: Plant service date _____ Dept. service date _____ Job service date _____

MANAGEMENT PERSONNEL INVOLVED	WITNESSES / OTHERS INVOLVED
Name _____	Name _____
Department _____	Department _____
Title _____	Title _____ Phone _____

WHAT HAPPENED? WHAT IS THE GRIEVANCE? (Make sure to include all points mentioned on page 3 for each Type of grievance).

WHEN DID THE GRIEVANCE OCCUR? (Date and time grievance began. How often? How long? Is it within time limits to proceed with a grievance)?

WHERE DID THE GRIEVANCE OCCUR? (Exact location-department, machine, aisle,
Job Number etc.; include diagram, sketch or photo if helpful)

WHY IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? Past practice? Safety Regulations?)

Ruling or awards? Unjust treatment? Etc.

WANT GRIEVANCE AND FULL REDRESS. (Adjustments necessary to completely correct situation; in case of discharge ask for back pay).

COMPANY CONTENDS: _____

RECORD OF CONDUCT: (warnings and/or penalties for lateness, absenteeism, quantity or quality of work etc.)

	DATES	REASONS
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Related information:	_____	_____

ADDITIONAL INFORMATION

INFORMATION GIVEN BY WITNESSES: (Print names of witnesses and summaries of statements. Get signed statements if Necessary). _____ _____ _____ _____
OTHER EVIDENCE: (Seniority list, wage schedule, work ticket; record of similar grievance, etc.) _____ _____ _____

Date _____ Signature of Steward/Griever _____
Signature of Aggrieved Employee _____