



Teamsters Local Union No. 464

Representing Employees in Dairy, Bakery, Office, Public Sector and Miscellaneous Jurisdiction, Province of British Columbia, Canada
Affiliated with the International Brotherhood of Teamsters, Teamsters Canada and the Canadian Labour Congress

GRIEVANCE FACT SHEET

FOR THE UNION ONLY

To be filled out by the Steward and attached to the
UNION COPY ONLY of Grievance
Please Print

WHO is involved in the grievance?

GRIEVOR:

Name:	_____
Department:	_____
Classification:	_____ Wage Rate: _____
Seniority-	Employer-wide (date) _____
	Bargaining unit seniority (date) _____
	Department (date) _____
	Classification (date) _____

SUPERVISOR OR OTHER MANAGEMENT INVOLVED:

Name:	_____
Department:	_____
Job Title:	_____

WITNESSES OR OTHER PERSONS INVOLVED:

Name:	_____
Department:	_____
Classification:	_____

Name:	_____
Department:	_____
Classification:	_____

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (Make sure to include all points mentioned on the checklist for each type of grievance).

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

WHERE DID THE GRIEVANCE OCCUR? (Exact location – department, machine, job number, etc.: include diagram, sketch or photo if helpful.)

WHY IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? Past practice? Safety regulations? Rulings or awards? Unjust treatment? Etc.)

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

EMPLOYER CONTENDS:

Employer Record of Conduct (Warnings and/or penalties for lateness, absenteeism, quantity or quality of work, etc.)

	<u>Dates</u>	<u>Reasons</u>
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Any related information:	_____	_____

ADDITIONAL INFORMATION

Information given by witnesses – (print the name of each witness followed by a summary of what each saw and heard; get a signed statement).

Date: _____ Signed: _____

Date: _____ Signature of Steward _____

Signature of Aggrieved Employee: _____