

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: _____
<b>Seniority-</b> 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).

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**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?)

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

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

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

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**EMPLOYER CONTENDS:**

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**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:	_____	

<u>ADDITIONAL INFORMATION</u>	
<b>Information given by witnesses</b> – (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: \_\_\_\_\_