



UNION FACT SHEET

FOR THE UNION ONLY

To be filled out by the Steward and attached to the UNION COPY ONLY of Grievance No _____ Local _____

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVOR

Name: _____ Check No. _____

Department _____

Job and Class: _____ Rate: _____

SENIORITY Plant Service from (date) _____

Department Service from (date) _____

Job Service from (date) _____

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name: _____

Department: _____

Job title: _____

WITNESSES or OTHER PERSONS INVOLVED:

Name: _____

Department: _____

Job and Class: _____

Name: _____

Department: _____

Job and Class: _____

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, 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? 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)

COMPANY CONTENDS: _____

Company 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: _____

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 if necessary)

Documentary Evidence (Seniority List, Wage Schedule, Work Ticket, Record of similar grievance, etc.) _____

Date _____ Signature of Steward
or Committeeman: _____

Signature of Aggrieved Employee: _____