



GRIEVANCE FACT SHEET

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details.

DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

GRIEVANT _____ DEPARTMENT _____

CLASSIFICATION _____ DATE OF HIRE _____

DATE OF CLASSIFICATION _____ WORK LOCATION _____

ID NUMBER _____ EMPLOYEE SUPERVISOR _____

What Happened? Also describe incidents which gave rise to the grievance.

Who was involved? Give names and titles (include witnesses) _____

When did it occur? Give day, time, date(s) _____

Where did it occur? Specific locations _____

Why is this a grievance? What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

What adjustment is required? What must management do to correct the problem?

Additional comments. Use reverse side if needed _____

GRIEVANT'S SIGNATURE _____ DATE _____

STEWARD _____ DATE _____

GRIEVANT'S HOME ADDRESS _____

NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO LOCAL GRIEVANCE FILE ALONG WITH COPY OF GRIEVANCE AND DISPOSITION. KEEP A COPY IN YOUR RECORDS.