



UNION FACT SHEET

FOR THE UNION ONLY

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

No. _____
Shop _____
Local _____

Please Print

WHO is involved in the grievance?

GRIEVANT:

Name _____	Shop/Check No. _____
Job Title _____	Grade _____
Immediate Supervisor _____	
Seniority:SCD _____	Adjusted SCD _____

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name _____
Shop/Department _____
Job Title _____

WITNESS or OTHER PERSONS INVOLVED:

Name _____	Shop/Check No. _____
Job Title _____	Grade _____
Name _____	Shop/Check No. _____
Job Title _____	Grade _____
Name _____	Shop/Check No. _____
Job Title _____	Grade _____

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (make sure to include all points mentioned on the check list for each type of grievance):

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

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WHERE DID THE GRIEVANCE OCCUR? (Exact location, shop, ship, building,
machine, aisle, on what job order number, etc., include diagram or sketch if helpful)

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WHY IS THIS A GRIEVANCE? (Violation of contract? MOA/MOU? 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 disciplinary actions, ask for back pay)

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WHAT is the Position of the Employer?

Management records 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. If possible, get a signed statement)

Documentary evidence (Seniority List, Wage Schedules, Work Orders, Record of similar Grievances, etc.)

Date: _____ **Signature of Steward** _____

Signature of Aggrieved Employee: _____