



## 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.*

EMPLOYER \_\_\_\_\_ DEPT \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

GRIEVANT \_\_\_\_\_ ID # \_\_\_\_\_

What Happened? Also, describe incident that gave rise to the grievance.

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Who was involved? Give names and titles

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When did it occur? Give day, time, and date(s) \_\_\_\_\_

Were there any witnesses? Give names and titles – Get a signed statement if possible.

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Where did it occur? Specific locations

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

Article \_\_\_\_\_ Section \_\_\_\_\_ Page \_\_\_\_\_

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

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**Step 1** Date: \_\_\_\_\_ (Employee resolve complaint, i.e. Steward, Coach)

**Step 2** Date: \_\_\_\_\_ (Employee and steward confer with their leader, reduce to writing)

**Step 3** Date: \_\_\_\_\_ (Grievance with Company)

Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Grievant's Home address \_\_\_\_\_

Grievant's Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Alt Ph: \_\_\_\_\_

Steward's Signature \_\_\_\_\_ Date \_\_\_\_\_

Steward's Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Alt Ph: \_\_\_\_\_

***A copy of this form is to be completed by the Steward or Officer filing the grievance and to be turned into the local.***