



GRIEVANCE FACT SHEET

GRIEVOR:

Name: _____

Seniority: _____

Full/Part Time or Probationary: _____

Wage Rate: _____

SUPERVISOR OR OTHER MANAGEMENT INVOLVED:

Name: _____

Department: _____

Job Title: _____

WITNESSES OR OTHER PERSONS INVOLVED:

Name: _____

Department: _____

Classification: _____

Name: _____

Department: _____

Classification: _____

Name: _____

Department: _____

Classification: _____

WHICH ARTICLE(S) OF THE COLLECTIVE AGREEMENT HAVE BEEN VIOLATED?

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)

Employer 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)

Date: _____ Signature of Steward: _____

Signature of Aggrieved Employee: _____