



# 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.)

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

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**WHERE** DID THE GRIEVANCE OCCUR? (Exact location – department, machine, aisle, job number, etc.; include diagram, sketch or photo, if helpful.)

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**WHY** IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? 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 discharge ask for back pay.)

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**COMPANY CONTENDS:** \_\_\_\_\_

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**Company record of Conduct** (Warnings and/or penalties for lateness, absenteeism, quantity or quality of work, etc.)

	<b>Dates</b>	<b>Reasons</b>
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Any related information:	_____	_____
	_____	_____
	_____	_____

**ADDITIONAL INFORMATION**

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**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.)

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

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Date: \_\_\_\_\_ Signature of Steward  
or Committeeman: \_\_\_\_\_

Signature of Aggrieved Employee: \_\_\_\_\_