

# GRIEVANT FACT SHEET

( FOR UNION USE ONLY )

NAME OF GRIEVANT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

GRIEVANT'S ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER ( WORK ) \_\_\_\_\_ ( HOME ) \_\_\_\_\_

DEPARTMENT STEWARD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

WORK HEADQUARTERS: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

DATE & TIME OF DATE GRIEVANCE OCCURRED: \_\_\_\_\_

LIST CONTRACT CLAUSES VIOLATED: \_\_\_\_\_

NORMAL WORK HOURS: \_\_\_\_\_ SHIFT OR CREW: \_\_\_\_\_

WHAT REMEDY DO YOU WANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST NAMES OF ALL PERSONS ( EMPLOYEES, NON-EMPLOYEES, SUPERVISORS, ETC. ) WHO HAVE INFORMATION CONCERNING YOUR GRIEVANCE, AND STATE WHAT INFORMATION THE PERSONS HAVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS THIS GRIEVANCE OCCURRED PREVIOUSLY OR ELSEWHERE? IF SO STATE WHERE AND WHEN:

\_\_\_\_\_

\_\_\_\_\_

IF THIS GRIEVANCE INVOLVES DISCIPLINE, LIST PREVIOUS DISCIPLINARY SUSPENSIONS OR WARNINGS WITH THIS COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

( DESCRIBE GRIEVANCE FULLY ON BACK SIDE OF THIS PAGE )