Grievance Fact Sheet
For Union Only

WHO is involved in the grievance?

Griever:

Name: _____ Phone: hm: _____ cell: _____
Department: _____ Phone: hm: _____ email: _____
Classification: _____ Wage: _____

Supervisor or other management involved:

Name: _____ Phone: hm: _____ cell: _____
Department: _____ Phone: hm: _____ email: _____
Job Title: _____

Witnesses or other person involved:

Name: _____ Phone: hm: _____ cell: _____
Department: _____ Phone: hm: _____ email: _____
Job Title: _____

1. **WHAT** happened? What is the grievance about?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. **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?)

_____
_____
_____
_____
_____
_____
_____

3. **WHERE** did the grievance occur? (exact location-department, include diagram, sketch or photo if helpful)

WHY is this a grievance? (what articles have been violated? What statutes have been violated? What has the past practice been? Etc.)

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_____
_____
_____
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_____
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_____
_____
_____

4. **WANT** grievance settle and redress is full. (what needs to be done to correct the situation> Wages, benefits, training, etc.)

_____
_____
_____
_____
_____
_____

Employer's position is?

_____

Dates: _____ Reasons: _____

Griever history: _____

Verbal warnings issued: _____

Written warnings: _____

Penalties imposed: _____

Any related information: _____
_____
_____
_____

5.List/Related Documents:

_____
_____
_____
_____
_____
_____

Date: _____ Signature of Steward: _____

Signature of Griever: _____