



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 839

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVER: _____

NAME: _____ Employee ID: _____

Department: _____

Job and Class: _____ Rate: _____

Seniority Plant service from (Date): _____

Department service from (Date): _____

Job service from (Date): _____

MANAGEMENT INVOLVED: _____

Name: _____

Department: _____

Job Title: _____

WITNESS 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.)

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?)

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? Rules and 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.)

COMPANY CONTENDS: _____

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

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, if necessary.)

Documentary evidence (Seniority list, wage schedule, work ticket, record of similar Grievance, ETC.)

Date: _____ Signature of Steward
Or In-Plant Representative: _____

Signature of Aggrieved Employee: _____