

STEWARD'S GRIEVANCE CHECKLIST

THIS CHECKLIST TO BE TURNED IN WITH ALL GRIEVANCES

GRIEVANCE FORM MUST BE FILLED OUT COMPLETELY

GRIEVED EMPLOYEE COMPLETES TOP PORTION

- **MUST INCLUDE** – ADDRESS AND PHONE NUMBER OF NAME GRIEVED EMPLOYEE
- DATED, PRINTED NAME, SIGNED BY PERSON NAMED AS GRIEVED EMPLOYEE

VIOLATION STATED

- REFERENCE CONTRACT ARTICLE/SECTION OR POLICY/PROCEDURE THAT WAS VIOLATED

REMEDY STATED

- WHAT DOES THE GRIEVED EMPLOYEE WANT?

STEWARD TO ATTEMPT RESOLUTION ON SHOP FLOOR BY PRESENTING TO 1ST LEVEL MANAGER

STEWARD PRESENT TO 1ST LEVEL MANAGER FOR DECISION

- FLM WRITE DECISION, DATE, PRINT NAME AND **SIGN**
- STEWARD DATE, PRINT NAME AND **SIGN** ONCE MANAGER HAS SIGNED

STEWARD MARK IF COMPLAINT/GRIEVANCE WAS SETTLE BY MANAGEMENT AND IF GRIEVED EMPLOYEE WAS NOTIFIED

FACT SHEET MUST BE COMPETED AND TURNED IN WITH GRIEVANCE

- **SIGNED** BY GRIEVED EMPLOYEE AND STEWARD
- IF ANY ADDITIONAL DOCUMENTS (WRITE-UP, EMAIL, PHONE MESSAGE, ETC) PLEASE INCLUDE A COPY

Signature of Steward OR Grieved Employee

Signature of IAM Local 839 Employee



IAM
LOCAL 839