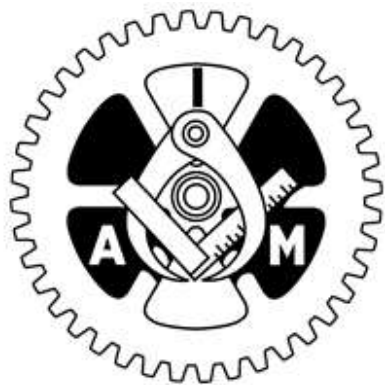




UNION FACT SHEET

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: **SAME PERSON/INFORMATION ON THE COMPLAINT FORM**

NAME: _____ Employee ID: _____

Department: _____

Job and Class: _____ Rate: _____

Seniority Plant service from (Date): _____

Department service from (Date): _____

Job service from (Date): _____

MANAGEMENT INVOLVED: **WHO IS THE MANAGER?**

Name: _____

Department: _____

Job Title: _____

WITNESS or OTHER PERSONS INVOLVED:

ONLY USE IF WITNESSES ARE NEEDED (GET WRITTEN STATEMENTS)

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.)

THIS AREA IS FOR THE GRIEVED TO TELL THEIR STORY IN AS MUCH DETAIL AS THEY CAN – MORE OR LESS ITS THEM TELLING THEIR STORY TO A LAWYER SO THEY (REPS) CAN WIN THE CASE.

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?)

DATES/TIMES OF GRIEVANCE

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

LOCATION

WHY IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? Past practice? Safety regulations? Rules and awards? Unjust treatment? ETC.)

TRY TO ADD A SECTION OF THE CONTRACT OR ANY OF THE EXAMPLES ABOVE

WANT GRIEVANCE SETTLED and REDRESS IN FULL (ADJUSTMENTS NECESSARY TO COMPLETELY CORRECT SITUATION: IN CASE OF DISCHARGE ASK FOR BACK PAY.)

WHAT IS WANTED TO MAKE THE EMPLOYEE WHOLE?

DROP WRITE UP? BACK PAY? ETC.

COMPANY CONTENTS:

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: _____