



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 _____

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVOR

Name: _____ Check No. _____

Department _____

Job and Class: _____ Rate: _____

SENIORITY Plant Service from (date) _____

Department Service from (date) _____

Job Service from (date) _____

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name: _____

Department: _____

Job title: _____

WITNESSES or OTHER PERSONS INVOLVED:

Name: _____

Department: _____

Job and Class: _____

Name: _____

Department: _____

Job and Class: _____

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.)

	Dates	Reasons
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 Committeeman: _____

Signature of Aggrieved Employee: _____

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