



FOR THE UNION ONLY

To be filled out by the Steward and attached to the UNION COPY ONLY of
Grievance # _____ Local # _____

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

| | |
|------------|----------------|
| Name | Badge # |
| Department | Seniority Date |
| Job Title | Labor Grade |

FOREMAN OR OTHER MANAGEMENT INVOLVED:

| |
|------------|
| Name |
| Department |
| Job Title |

WITNESSES OR OTHER PERSONS INVOLVED:

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|------------|
| Name |
| Department |
| Job Title |
| Name |
| Department |
| Job Title |

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT?

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WHEN DID THE GRIEVANCE OCCUR? (date and time grievance began / how often / for how long / is it within time limits to proceed with grievance)

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

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WHY IS THIS A GRIEVANCE? (violation of contract, supplement, law, past practice, safety regulation, unjust treatment, etc.)

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WANT GRIEVANCE SETTLED and REDRESS IN FULL (adjustments necessary to completely correct the situation, i.e. back pay etc.)

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COMPANY CONTENTS:

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

| DISCIPLINE | 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)

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DOCUMENTARY EVIDENCE (seniority list, wage schedule, work ticket, record of similar grievance, etc.)

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TIMELINE

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|---------------------------------|------|
| Signature of Steward | Date |
| Signature of Aggrieved Employee | Date |