



# UNION FACT SHEET

## FOR THE UNION ONLY

To be filled out by the Steward and attached to the UNION ONLY  
COPY of Grievance No \_\_\_\_\_ Local Lodge 463.

PLEASE PRINT

### WHO IS INVOLVED IN THE GRIEVANCE?

#### **GRIEVOR**

---

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Company/Contract \_\_\_\_\_

Position/Classification \_\_\_\_\_ Current Hourly Rate \_\_\_\_\_

Seniority Date: \_\_\_\_\_

#### **SUPERVISOR OR OTHER MANAGEMENT INVOLVED:**

---

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

#### **WITNESSES OR OTHER PERSONS INVOLVED:**

---

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

**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 time limites to proceed with a grievance?)

---

---

---

---

**WHERE** DID THE GRIEVANCE OCCUR? (Exact location - department, building, room number; include diagram, sketch or photo if helpful)

---

---

---

---

**WHY** IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? Past practice? Safety regulations? Rulings or 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 CONTENTS:** \_\_\_\_\_

---

---

**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 Committee: \_\_\_\_\_

Signature of Aggrieved Employee: \_\_\_\_\_

---

---