**Grievance Fact Sheet/Investigation Form**

**FOR THE UNION ONLY**

**WHO** **is involved in the grievance?**

**Grievor:**

**Supervisor or Management Involved:**

Name:

Department: Classification:

Seniority: Wage Rate:

**Witnesses or other persons involved:**

Name:

Department:

Job Title:

Name:

Department: Classification:

Seniority: Wage Rate:

Name:

Department: Classification:

Seniority: Wage Rate:

Name:

Department: Classification:

Seniority: Wage Rate:

Name:

Department: Classification:

Seniority: Wage Rate:

**WHAT happened? What is the grievance about?** (Attach additional notes if necessary.)

**WHEN did the grievance occur?** (date, time, how often, for how long)

**WHERE did the grievance occur?** (Be specific – department, aisle number, floor, room, etc – include a diagram, sketch, or photo if helpful)

**WHY is this a grievance?** (violation of collective agreement past practice, law, safety regulations, rulings or awards, unjust treatment, etc.)

**Employer Contends:**

**WANT grievance settled** and to be made whole (full redress) (adjustments necessary to completely correct situation; in case of discharge – back pay, seniority, pension)

**Grievor's Record of Conduct and/or penalties for lateness, absenteeism, work performance, etc.**

|  |  |  |
| --- | --- | --- |
| **Discipline Received** | **Dates** | **Reasons** |
| **Verbal Coaching** |  |  |
| **Written Warning** |  |  |
| **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 – attach any additional statements to this form)

Date: Signed (Witness):

**Documentary Evidence:**

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

Seniority list, wage schedule, work ticket, record of similar grievances and outcomes, record of past discipline, etc.

Signature of committeeperson/Steward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Aggrieved Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_