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Grievance Number:

|  |
| --- |
| Member’s Name: |
| Position: |
| Branch/Facility/Location: |
| Supervisor: |

|  |
| --- |
| Today’s Date:  |
| Seniority Date: |
| Reporting Steward: |
| Department / Area: |

1. What is the Grievance or Complaint about? (State Date and Time)

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2. State which clause or clauses is / are affected:

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| --- |
|  |

and any / or other applicable clauses or articles

3. What is the remedy requested to resolve this grievance?

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|  |

and to be made whole in all respects

|  |
| --- |
| Date signed:  |
| Date signed:  |
| Date signed:  |

|  |
| --- |
| Steward’s signature: |
| Grievor’s signature:  |
| Supervisor’s signature |

Supervisors /managers response is to be written below, given to a Union steward, and a copy faxed to the Union Office (see number listed above). All responses must be submitted to the Union Office within Ten (10) working days.

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Grievance Number:

Fact Sheet UNION EYES ONLY (This form is to be seen and used by the union only, use the back of this form if necessary) \*\*Please phone the office for the grievance number. Once this form is completed, please send a copy to the Union Office - including the grievance number given by the office\*\*

|  |  |
| --- | --- |
| Phone Number: |  |

|  |  |
| --- | --- |
| Grievor Name: |  |

|  |  |
| --- | --- |
| Department: |  |

|  |  |
| --- | --- |
| Job Title: |  |

Other contact information (alternate phone number, email addresses):

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| --- |
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Who from the union is involved (steward’s name)?

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Who from management is involved?

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Witnesses (include name and all contact info):

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What happened? (Where, When, Who was involved):

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What other information is important? (Grievor’s record, past occurrences, questions of just cause):

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Why is this considered a grievance? (What was violated: contract, past practice, unfair treatment, laws):

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What do we want the company to do to make it right? (Repayment of lost wages, letters removed, fair treatment):

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|  |  |
| --- | --- |
| Steward |  |

|  |  |
| --- | --- |
| Date: |  |