Grievance Number: **F/K/L/W (yr).**-Sequence #

|  |
| --- |
| Member’s Name: |
| **Click or tap here to enter text.** |
|  |
| Member’s seniority Date: |
| **Enter the member’s seniority date.** |
| Reporting Steward: |
| **Click or tap here to enter text.** |
| Department / Area: |
| **Click or tap here to enter text.** |
| Position: |
| **Click or tap here to enter text.** |
| Branch/Facility/Location: |
| **Click or tap here to enter text.** |
| Supervisor: |
| **Click or tap here to enter text.** |

Date submitted to Employer’s Representative:

**Enter the date this form was handed to management.**

1. What is the Grievance or Complaint about? (State Date and Time) **Click or tap here to enter text.**

2. State which clause or clauses is / are affected: **Click or tap here to enter text.**

**and any / or other applicable clauses or articles**

3. What is the remedy requested to resolve this grievance? **Click or tap here to enter text.**

**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 Thirty (30) working days. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grievance Number F/K/L/W (yr).-****Sequence #.**

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\*\*

Grievor Name: **Click or tap here to enter text.**

Phone Number: **Click or tap here to enter text.**

Other contact information (alternate phone number, email addresses): **Click or tap here to enter text.**

Department: **Click or tap here to enter text.**

Job Title: **Click or tap here to enter text.**

Who from the union is involved (steward’s name)? **Click or tap here to enter text.**

Who from management is involved? **Click or tap here to enter text.**

Witnesses (include name and all contact info): **Click or tap here to enter text**

What happened? (Where, When, Who was involved): **Click or tap here to enter text.**

What other information is important? (Grievor’s record, past occurrences, questions of just cause): **Click or tap here to enter text.**

Why is this considered a grievance? (What was violated: contract, past practice, unfair treatment, laws): **Click or tap here to enter text.**

What do we want the company to do to make it right? (Repayment of lost wages, letters removed, fair treatment): **Click or tap here to enter text.**

Steward: **Click or tap here to enter text.**

Date: **Click or tap to enter a date.**