

MACHINISTS UNION FACT SHEET

FOR THE UNION ONLY

To be filled out by the Steward or Grievant and attached to the Union Copy Only of Grievance No. _____

WHO is involved in the grievance?

Grievant Name _____

Department _____ Seniority Date _____

Job and Class _____ Rate _____

Supervisor or Other Management Involved:

Name _____ Department _____

Witness or Other Persons Involved:

Name _____ Dept. _____

Information given by witness: _____

Name _____ Dept. _____

Information given by witness: _____

WHAT happened? What is the grievance about? _____

WHEN did the grievance occur? Date and time grievance began? How Often? For how long?
Is it within time limits to proceed with a grievance? _____

WHERE did the grievance occur? (Exact location – department, machine, aisle, job number, etc. 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 – Remedy Sought – (adjustments necessary to completely correct the situation: in case of discharge, ask for back pay for any losses incurred) _____

Company Contends: _____

Additional Information (Seniority list, wage schedule, Company record of past conduct, Record of similar grievances, etc.) _____
