GRIEVANCE FACT SHEET

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details.

# DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

GRIEVANT DEPARTMENT

CLASSIFICATION DATE OF HIRE

DATE OF CLASSIFICATION WORK LOCATION

**What Happened?** Also describe incidents which gave rise to the grievance.

**Who was involved?** Give names and titles (include witnesses)

**When did it occur?** Give day, time, date(s)

**Where did it occur?** Specific locations

**Why is this a grievance?** What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.



**What adjustment is required?** What must management do to correct the problem?

**Additional comments.** Use reverse side if needed

GRIEVANT'S SIGNATURE DATE

STEWARD DATE

GRIEVANT'S HOME ADDRESS

# NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO LOCAL GRIEVANCE FILE ALONG WITH COPY OF GRIEVANCE AND DISPOSITION.

THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES