

TWU Grievance Fact Sheet

For the Union Only

Steward: Complete this form and attach to the UNION COPY ONLY of grievance number _____

Please Print

WHO is involved in the grievance?

GRIEVANT:

Name: _____

Department: _____

Job and Class: _____

Rate: _____

SENIORITY Service from (date) _____

Dept. Service from (date) _____

Job Service from (date) _____

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name: _____

Department: _____ Job title: _____

WITNESSES OR OTHER PERSONS INVOLVED:

Name: _____

Department: _____ Job title: _____

Name: _____

Department: _____ Job title: _____

WHAT happened? Explain the grievance. Be sure to include all points mentioned in the checklist for each type of grievance.

WHEN did the grievance occur? Include date and time grievance began, how often it occurred, and the duration. Is it within the time limits to proceed with a grievance?

WHERE did the grievance occur? Include exact location: department, machine, aisle, job number, etc. Include diagram, sketch, or photo if helpful.

WHY is this a grievance? Note whether it was a violation of contract, memorandum, law, past practice, safety regulations, rulings or awards, unjust treatment, etc.

WANT Describe the full remedy (adjustments needed to completely correct the situation). In case of discharge, ask for full back pay.

Company contends: _____
