



UNION FACT FINDING SHEET

T		ON USE ONL		
	ed out by the Steward and atta vance No		_	
	WHO is involve	ed in the grie	evance?	
Name:			Payroll No.:	
Shop No.:	Job and Class:		Grade/Rate:	
SHOP S	UPERVISOR OR OTHE	R MANAGEM	MENT INVOLVED:	
			Title:	
			Title:	
Name:		Shop No.:	Title:	
	WITNESSES OR OTHEI			
	Shop No.:			
		Shop No.: Shop No.:		
		Shop No.: Shop No.:		
	WHAT Happened? (W		_	

WHEN DID THIS GRIEVANCE OCCUR?

(Date and time this grievance began, How often? For how long? Is it within the time limits? etc)
WHERE DID THIS GRIEVANCE OCCUR?
(Exact location- department, machine, aisle no., etc.; include diagram, sketch, or photo, if needed.)
WHY IS THIS A GRIEVANCE? (Violation of contract?*Law?*Past practice?*Safety regulations?*Rulings/Awards?*Unjust treatment?*Etc)
(violation of contract: Law: Fast practice: Safety regulations: Runnigs/Awards: Onjust treatment: Etc)
WHAT DOES THE GRIEVOR WANT?
(Adjustments needed to correct the situation; in case of discharge ask for back pay)

Agency reco	ords:GRIEVOR has the following current actions in their personnel file
	Verbal warning:
Dated	Reason:
Dated	
Dated	
	Memo for the record:
	Wello for the record.
Dated:	Reason:
Dated:	
	Keason:
Dated:	Reason:
*(Sick leave letter of requirement: Dated
*,	Annual leave letter of requirement: Dated
-	
	Any other related information:

Information given by witnesses:

(Print the name of each witness followed by a brief summary of what each saw and heard: get signed statements)

Witness One: Name	Shop no
Witness Two: Name	Shop no
Witness Three: Name	Shop no
Dogumo	ntowy oxidence.
·	entary evidence: ord of past practices, Work documents, Etc.)
Signature of Aggrieved:	
Signature of Steward:	Date