



STEWARD'S FACT SHEET
(For Union Officials Only)

Employer: _____ Date Grievance Filed: _____

INFORMATION ABOUT GRIEVOR(S) AND SUPERVISOR (If this is a group grievance, attach a Contact Sheet to identify the grievors)

Name: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Cellular Phone: _____ Department: _____

Job Title: _____ Location: _____

Supervisor's Name _____ Job Title: _____

Work Telephone: _____ E-mail: _____

Grievor's Seniority: Employer Service from Date: _____

Department Service from Date: _____

Job Service from Date: _____

WHEN DID THE GRIEVANCE OCCUR?

Date: _____ Time: _____

How often? _____ How long? _____

NAMES OF WITNESSES INVOLVED

Name	Home Phone	Work Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CORRECTIVE ACTION REQUESTED: Grievance settled and redress in full to place the grievor(s) in exactly the same position s/he/they would have been had the incident not occurred.

EMPLOYER CONTENDS: _____

GRIEVOR'S DISCIPLINARY RECORD: None, or

Verbal Warning Issued: _____

Written Warnings Issued: _____

Short Suspension: _____

Long Suspension: _____

PLEASE NOTE:

Please attach documentary evidence such as seniority lists, wage schedules, work tickets, record of similar grievances, etc. (It is very important that dates, times, statements, and references are accurate.)

INFORMATION ABOUT SHOP STEWARD

Name: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Cellular Phone: _____ Department: _____

Job Title: _____ Location _____

Signature of Steward