



GRIEVANCE FACT SHEET

Fax this form back to: 206.323.6966

This form is to be used by the steward/representative 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 SUBMIT THIS FORM TO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

GRIEVANT: _____

DEPARTMENT: _____

JOB TITLE: _____

WORK LOCATION: _____

HIRE DATE: _____

SUPERVISOR: _____

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 additional page(s) as necessary.

GRIEVANT'S SIGNATURE: _____ DATE: _____

STEWARD/REPRESENTATIVE: _____ DATE: _____

GRIEVANT'S HOME ADDRESS: _____

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