



**GRIEVANCE FACT SHEET**  
District Lodge # W24, IAM&AW  
Date \_\_\_\_\_

Company \_\_\_\_\_ Grievance # \_\_\_\_\_  
Grievant \_\_\_\_\_ I.D. # \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Seniority Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ / / \_\_\_\_\_  
Job Title \_\_\_\_\_ Department \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Superintend. \_\_\_\_\_

**Witnesses or others involved:**

Name _____	Name _____
Dept _____	Dept _____
Job/Classification _____	Job/Classification _____
_____	_____

Type of Grievance \_\_\_\_\_  
(Example: Termination, overtime, wages, vacation, etc.)

Grievant's Record of Conduct (warnings/penalties for absenteeism, quality of work, etc.):

	Date/Reasons
Verbal Warnings Issued	_____
Written Warnings Issued	_____
Penalties Imposed	_____
Other Related Information	_____

**WHAT** happened? (Describe incidents which gave rise to the grievance) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHEN** did it occur? (Give day, time, date) \_\_\_\_\_

WHO was involved? (Give names, titles, departments) \_\_\_\_\_

WHERE did it occur? (Specific location) \_\_\_\_\_

WHY is this a grievance? (What is management violating, e.g. contract, rules, policies, past practice, local, state, federal laws, unfair treatment) \_\_\_\_\_

WHAT adjustment is required? (What must management do to correct the problem?) \_\_\_\_\_

SUPERVISOR'S COMMENTS (include position of the Company) \_\_\_\_\_

Additional Comments (witness' statements, etc.) \_\_\_\_\_

Signature of Grievant \_\_\_\_\_

Signature of Shop Steward \_\_\_\_\_

Date \_\_\_\_\_

Note: A copy of this form is to be completed by the Steward filing the grievance and is to be placed with the Union's copy of the grievance. Additional sheets may be used if needed and attached to this form