

GRIEVANCE FACT SHEET

(For Union Use Only- to be completed by grievant)

Name of Grievant _____ Job Title _____

Grievant's Address _____

Telephone No. (Cell) _____ (Home) _____

Instrument/Position _____ Date Hired _____

Date and Time of day grievance occurred _____

List Contract clauses violated _____

Describe Grievance Fully (use back and attach additional pages if necessary)

What remedy do you want? _____

List names of all persons (employees, non-employees, non-employees, personnel manager, other members of management, etc.) who have information concerning your grievance, and state what information each has:

Has this grievance occurred previously or elsewhere? If so, state when and where: _____

Provide Any Additional Information Below
Attach copies of relevant documents

Signature

Date