

ASEA/AFSCME LOCAL 52

GRIEVANCE FACT SHEET

This FACT SHEET to be used by the Steward to aid in investigating each grievance. Use additional pages to document all the details if necessary.

**DO NOT TURN THIS FORM INTO MANAGEMENT
THIS INFORMATION IS FOR THE UNION'S USE ONLY**

GRIEVANT'S NAME _____ SS# _____

MAILING ADDRESS _____

HOME # _____ WORK # _____ DEPT/DIV _____

JOB CLASS _____ S.U. SUPER. _____

DISCUSSED WITH SUPERVISOR ON: _____ STEWARD _____

WHAT HAPPENED? (Describe what gave rise to this incident) _____

WHO WAS INVOLVED? Give names and titles witnesses _____

WHEN DID IT OCCUR? Give day, time, date(s) _____

WHERE DID IT OCCUR? Specific location(s) _____

WHY IS THIS A GRIEVANCE? What Article of Contract is violated? _____

WHY IS THIS A COMPLAINT? Any job related matter not in contract _____

WHAT ADJUSTMENT IS REQUIRED? What must management do to correct the problem? _____

ADDITIONAL COMMENTS Use reverse side if needed _____

NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO BUSINESS AGENT ALONG WITH A COPY OF GRIEVANCE.