

## GRIEVANCES

A grievance shall be filed if a violation of the contract or a practice occurs which endangers life, limb, or property.

When a member feels that he or she must grieve, check the contract to be sure that a grievance is in order. If a grievance is in order, be sure to follow the procedure outlined in your contract to the letter.

When filling out a grievance, there are 6 areas of information which should be determined:

1. Who are the parties involved?
2. What happened?
3. Where did it happen?
4. Why is it a grievance?
5. When did it happen?
6. Send a copy to your Union Representative.
7. WHOA! Go back and check the grievance to be certain that it is filled out correctly within the time limits.

An important item to remember is that in filing a grievance, you must ask for a remedy. That is, the grievant must be made whole!

Every contract outlines a procedure and time limits which must be adhered to when filing a grievance. This is important, because if proper procedures are not followed, the grievance will fail. If the time limits are not adhered to, the grievance will be declared untimely.

If a proper answer to a grievance is not received, it can be advanced to a higher step. The procedure is outlined in your contract and must be followed.

In the event that doubt exists as to whether or not a grievance is in order, contact your Union Representative for clarification.

Always check your contract so all grievances are kept within the appropriate time lines. This is probably the most important single issue in filing a grievance.

## GRIEVANCE FACT SHEET

This form is to be used 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 TURN THIS FORM INTO MANAGEMENT; THIS INFORMATION IS FOR THE UNION'S USE ONLY!**

Employer \_\_\_\_\_

SS# \_\_\_\_\_

Grievant \_\_\_\_\_

Department \_\_\_\_\_

Classification \_\_\_\_\_

Date of

Hire \_\_\_\_\_

**What happened?** Also, describe incident which gave rise to the grievance.

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**Who was involved?** Give names and titles. \_\_\_\_\_

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**When did it occur?** Give day, time, date(s). \_\_\_\_\_

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**Were there any witnesses?** Give names and titles. Get a signed statement.

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**Where did it occur?** Specific location(s). \_\_\_\_\_

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**Why is this a grievance?** What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc. \_\_\_\_\_

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**ARTICLE**

**SECTION**

**PAGE**

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(but not limited to the above \_\_\_\_\_  
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**What adjustment is required? What do you think management must do to correct the problem?** \_\_\_\_\_  
\_\_\_\_\_

**Additional comments. Use reverse side if needed.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grievant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Steward's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED INTO LOCAL UNION'S GRIEVANCE FILE, ALONG WITH A COPY OF GRIEVANCE AND DISPOSITION.**