



## GRIEVANCE FACT SHEET

This form is to be used by the steward 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.**

GRIEVANT \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

DATE OF CLASSIFICATION \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

**What Happened?** Also describe incidents which gave rise to the grievance.

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**Who was involved?** Give names and titles (include witnesses) \_\_\_\_\_

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

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**Where did it occur?** Specific locations \_\_\_\_\_

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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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**What adjustment is required?** What must management do to correct the problem?

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

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GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STEWARD \_\_\_\_\_ DATE \_\_\_\_\_

GRIEVANT'S HOME ADDRESS \_\_\_\_\_

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

THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES