



UNION FACT SHEET LOCAL W261

FOR UNION USE ONLY

To be filled out by shop steward and attached to the UNION COPY of grievance No. ____

Employee Name: Title:	Department: (Employee)
Supervisor:	Department: (Supervisor)
WITNESSES OR OTHER SUPERVISORS INVOLVED (DEPARTMENT AND CLASSIFICATION)	
<ul style="list-style-type: none">•••	
WHAT HAPPENED? (what is the grievance about)	
<ul style="list-style-type: none">•••	
WHEN DID THIS HAPPEN? (date and time grievance began, how often?, how long?)	
<ul style="list-style-type: none">•••	
WHERE DID THIS HAPPEN? (EXACT LOCATION, DEPARTMENT, MACHINE, ETC. SKETCH OR PHOTO IF HELPFUL)	
<ul style="list-style-type: none">•••	
WHY IS THIS A GRIEVANCE? (CONTRACT VIOLATION? SUPPLEMENT? LAW? PAST PRACTICE? SAFETY? UNJUST TREATMENT? ETC.)	
<ul style="list-style-type: none">•••	
WANT - GRIEVANCE SETTLED AND REDRESS IN FULL. (ADJUSTMENTS NECESSARY TO COMPLETELY CORRECT SITUATION; IN CASE OF DISCHARGE ASK FOR BACK PAY)	
<ul style="list-style-type: none">•••	



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COMPANY CONTENDS:

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COMPANY RECORD OF CONDUCT (WARNINGS AND/OR PENALTIES FOR LATENESS, ABSENTEEISM, QUANTITY OR QUALITY OF WORK, ETC.) INCLUDE DATES AND TIMES IF KNOWN.

- Verbal warnings-
- Written warnings-
- Penalties imposed-

Additional Information:

STEWARD SIGNATURE

Name:

Date:

EMPLOYEE (GRIEVANT) SIGNATURE

Name:

Date: