

**UFCW 1518  
UNION FACT SHEET**

Date: \_\_\_\_\_

Grievance No. \_\_\_\_\_

Union Rep: \_\_\_\_\_

*To be filled out by the Steward and given to the Union Representative to be filed with the Union Office. **Please Print.***

Type of Grievance:    Individual       Group       Policy

Company: \_\_\_\_\_

Unit: \_\_\_\_\_

**WHO IS INVOLVED IN THE GRIEVANCE?**

***GRIEVOR***

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Classification/Department: \_\_\_\_\_ Rate: \_\_\_\_\_

Store/Bargaining Unit Seniority (*date*): \_\_\_\_\_

Steward: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*Get grievor statement immediately.***

***MANAGEMENT***

Manager's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit Phone: \_\_\_\_\_

Industrial Relations Officer (*if any*): \_\_\_\_\_ Phone: \_\_\_\_\_

Other Management Involved Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_

**WITNESS OR OTHER PERSONS INVOLVED**

Name: _____	Title: _____
Department: _____	Phone: _____
Statement Provided: <input type="checkbox"/>	
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Name: _____	Title: _____
Department: _____	Phone: _____
Statement Provided: <input type="checkbox"/>	

**WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT?** (Give specifics in as much detail as possible.)

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Section(s) violated: \_\_\_\_\_

**WHEN DID THE GRIEVANCE OCCUR?** (Date and time grievance began? How often? For how long? Is it within time limits to proceed with grievance?)

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**WHERE DID THE GRIEVANCE OCCUR?** (Exact location – department, aisle, etc., include diagram, sketch or photo if helpful.)

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**WHY IS THIS A GRIEVANCE?** (Violation of contract? Supplement? Law? Past practice? Safety regulations? Rulings or awards? Unjust treatment? etc.)

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**WANT GRIEVANCE SETTLED AND REDRESS IN FULL** (Adjustments necessary to completely correct situation; in case of discharge ask for back pay.)

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**Company Contends:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Record of Discipline:**

Verbal Warnings Issued: \_\_\_\_\_  
Written Warnings: \_\_\_\_\_  
Penalties Imposed: \_\_\_\_\_  
Any Related Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Documentary Evidence (seniority list, wage schedule, record of similar grievances, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Steward*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Grievor*

