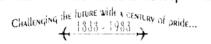


To be filled out by the Steward and attached To the UNION COPY ONLY of grievance no.

#### International Association of Machinists and Aerospace Workers Association International des Machinistes et des Travailleurs de L'Aérospatiale





# UNION FACT SHEET FOR THE UNION ONLY

Company/ Bargaining Unit\_

PLEASE	PRINT	
WHO IS INVOLVED IN THE GRIEVANCE?		
Name:	Telephone #	
Department:	Union Card no	
Job and Class:	Rate:	
SENIORITY – Plant Service from (date):		
Department Service from (date):		
Job Service from (date):		
Foreman or other Management Involved		
Name:		
Department:		
Job Title:		
Witness or other persons involved		
Name:		
Department:		
Job and Class:		
Name:		
Department and Class:		
Job and Class:		
1		



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WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (Make sure to include all points mentioned on the checklist for each type of grievance)
WHEN DID THE GRIEVANCE OCCOUR? (date and time grievance began? how often? for how long? Is it within time limits to proceed with a grievance?
WHERE DID THE GRIEVANCE HAPPEN? (exact location-department, machine, aisle, job number, etc. Include diagram, sketch or photo if helpful)
WHY IS THIS A GRIEVANCE? (violation of contract? supplement? law? past practice? safety regulations? ruling or awards? unjust treatment? etc. Article violated
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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OMPANY CONTENDS:		
ompany record of conduct (warnings and/or penalties for lateness, absenteeism, quality or quantity of work, etc.)		
erbal warnings issued:	Dates	Reasons
ritten warnings issued:		
enalties imposed:		
ny related information:		
		rian i
<u>ADDI'I</u>	TIONAL INFORMAT	<u>HON</u>
Information given by witness (print	the name of each witness follow	
Information given by witness (print saw and heard; get a signed statement	the name of each witness followif necessary)	
Information given by witness (print saw and heard; get a signed statement	the name of each witness followif necessary)	wed by a summary of what each
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## **GRIEVANCE INVESTIGATION AND INFORMATION FORM**

List below all deta	ails, facts, statements and results of your investigation
This investigation pertain	as to a grievance no.:
Date:	Signature: