



INTERNATIONAL ASSOCIATION OF MACHINISTS
AND AEROSPACE WORKERS
ASSOCIATION INTERNATIONALE DES MACHINISTES
ET DES TRAVAILLEURS DE L'AÉROSPATIALE

CHALLENGING THE FUTURE WITH A CENTURY OF PRIDE...
1833 - 1983



UNION FACT SHEET
FOR THE UNION ONLY

To be filled out by the Steward and attached
To the UNION COPY ONLY of grievance no. _____ Company/
Bargaining Unit _____

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

Grievor

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: _____



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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 OCCUR? (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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COMPANY CONTENDS: _____

company record of conduct (warnings and/or penalties for lateness, absenteeism, quality or quantity of work, etc.)

	Dates	Reasons
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Any related information:	_____	_____

ADDITIONAL INFORMATION

Information given by witness (print the name of each witness followed by a summary of what each saw and heard; get a signed statement if necessary)

Documentary Evidence (Seniority list, wage schedule, work ticket, record of similar grievance, etc.)

Date: _____

Stewards signature

Signature of Aggrieved Employee: _____



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GRIEVANCE INVESTIGATION AND INFORMATION FORM

- List below all details, facts, statements and results of your investigation

This investigation pertains to a grievance no.: _____

Date: _____

Signature: _____