

GRIEVANCE FACT SHEET

Grievance # _____

Please fill out the following as completely and with as much detail as possible and attach any additional information. (For Union Use Only)

This form is to be filled out by the Grievant and given to Steward. Please Print.

Name of Grievant: _____ Social Security Number: _____

Home Address: _____ City _____ State: ____ Home Phone Number: _____

Work Location/Floor: _____ City _____ State: ____ Phone Number (Work): _____

Business Unit: _____ Job Title: _____ Supervisor: _____

NCS Date: _____ Steward: _____

➤ What is the date that the contract violation or the events causing the grievance occurred:

➤ Date grievance filed: _____ With whom: _____

➤ Describe grievance FULLY: (Attach any additional information).

➤ What remedy do you want:

- List names of all persons (employees and supervisors) who have any information concerning your grievance, and state what information the persons have:

- If you are aware that the facts involved in this grievance occurred previously, and whether a grievance was filed, state when and where:

- If grievance involves disciplinary action, please check appropriate action and complete appropriate section. If "other" is checked, please give brief explanation. Then on the lines following, please list any previous disciplinary suspensions or warnings given to you by the Company and the date of the discipline:

Suspension _____	Length: _____
Dismissal _____	Effective date: _____
Wage Progression Deferment _____	Length: _____
Demotion _____	From: _____ To: _____
Other _____	Explanation: _____

Previous disciplinary actions and date of discipline: _____

- If you claim that other employees have received lesser or no discipline for the same or similar offense, then list the names of such employees, describe the similar offense including the penalty received, and the approximate date of the offense:

Grievant's Signature

Date