

Grievance form- CEP Local 76

Grievance #0 /09

Date- _____

Name- _____

Department- _____

Statement of Grievance- _____

Supervisor Statement _____

Shop Steward Statement _____

Signed- _____
Employee

Shop Steward

Union Fact Sheet

FOR THE UNION ONLY

To be fill out by the Shop Steward and Attached
to the Union Copy Only of Grievance

Please Print

WHO is involved in the Grievance

Grievor

Name-	_____	Employee #	_____
Department	_____		
Job	_____	Rate	_____
Phone #	_____		
Seniority-	Union Service	Date	_____
	Department Service	Date	_____
	Job Service	Date	_____

Foreman or other Management Involved:

Name-	_____
Department	_____
Job Title	_____

Witnesses or other Persons Involved

Name-	_____
Department	_____
Job	_____
	Phone # _____
Name-	_____
Department	_____
Job	_____
	Phone # _____

What- happened? What is the Grievance about? (include all information pertinent to grievance ,if needed attach another statement if not enough room)

When- Did the Grievance occur? (date time grievance began? how often? For how long? Is it with in time limits to proceed with grievance?)

Where- Did the Grievance occur? (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? Rulings or awards? Unjust treatment? Etc.)

Want- GRIEVANCE SETTLED AND REDRESS IN FULL
(adjustments necessary to completely correct situation; in case of discharge asked for back pay)

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Steward Information

Name-

Home Phone# _____

Mill# _____

Pager# _____

Address _____

Department- _____

Job _____

Miscellaneous Information and General Comments

Grievance Dates

Step	One	Two	Three	Arbitration
Submitted				
Meeting				
Reply				

Company Contends: _____

Company record of Conduct; (Warnings and/or penalties for lateness, quality of work etc.)	(Warnings and/or penalties for lateness, quality of work etc.)
	Dates Reasons
Verbal warnings issued:	_____
Writtin warnings issued:	_____
Penalties imposed:	_____
Any related information:	_____

Additional Information

Information Given by Witnesses (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 order, Record of similar grievance, etc.)

Date _____

Signature of Steward

Signature of Aggrieved Employee: _____