

## **DISTRICT 4 GRIEVANT STATEMENT**

|                                  |                        | TODAY'S DATE:       |                                    |     |
|----------------------------------|------------------------|---------------------|------------------------------------|-----|
|                                  |                        |                     |                                    |     |
|                                  |                        | Job Title:          |                                    |     |
| (Please Print)                   |                        |                     |                                    |     |
| Home Address:                    |                        |                     |                                    |     |
| Home Phone:                      | Work Phone:            |                     | Cell Phone:                        |     |
| Business Unit:                   | Work Location: _       |                     | Seniority Date:                    |     |
| Supervisor:                      | Steward:               |                     | Rate of Pay:                       |     |
| f Relevant to Your Case:         | Age:                   | Sex: M / F          | Race:                              |     |
| Date Grievance Filed:            | Filed With (Name)      | :                   |                                    |     |
| Date of Contract Violation or Ev | vents Causing Grievand | ce:                 |                                    |     |
| Contract Article(s) or Other Agr | eements Grieved:       |                     |                                    |     |
|                                  |                        |                     |                                    |     |
|                                  | the grievance? (Facts  | Only) Please includ | le where and when the events occur | red |
|                                  |                        |                     |                                    |     |
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| Why, in the grievant or the steward's opinion, did the incident occur?   |
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| What remedy is appropriate?  |
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| List the names of all people (other than the names already listed) who would have information concerning the grievance:  |
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| Have the facts involved in the grievance occurred previously? If so, state where and when and whether a grievance was filed:   |
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| If this grievance involves discipline, list previous warnings and suspensions the Company has given the grievant.  List the dates of this previous discipline and the nature of the conduct for which the grievant received the discipline. Also, if other employees have received lesser or no discipline for the same or similar offense as the one described in this grievance, list the names of those employees, explain their offenses, describe the penalties they received (if any), and give the dates of their offenses. |
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Please return to your union representative by email or fax to the Union Hall at 614-236-1119