

UAW LOCAL 6000 STEWARD INFORMATION SHEET

TO BE FILLED IN BY THE LOCAL STEWARD

GRIEVANCE NO. _____

APPEAL CASE NO.: _____

Grievant's Name _____

Chief Steward's Name _____

Grievant's Street Address _____

Steward's Street Address _____

Grievant's City/State/Zip _____

Chief Steward's City/State/Zip _____

Grievant's Work Phone Number _____

Chief Steward's Work Phone Number _____

Grievant's Home Phone Number _____

Chief Steward's Home Phone Number. _____

Grievant's Cell Phone Number _____

Job Steward's Name _____

Grievant's Work Email Address _____

Job Steward's Work Phone Number _____

Grievant's Home Email Address _____

Job Steward's Cell Phone Number _____

Grievant's Employee I.D. Number _____

Job Steward's Home Phone Number _____

Grievant's Seniority Date _____

Job Steward's Work Email Address _____

Grievant's Classification/Level _____

Job Steward's Home Email Address _____

Grievant's Beginning Date in Current Classification _____

Supervisor's Name & Telephone Number _____

Grievant's Rate of Pay _____

Supervisor's E-mail Address _____

Date of Incident: _____

Date giving rise to the incident: _____

Time of Incident: _____

Date grievance was filed: _____

Grievance Issue: _____

Cite contract articles violated, IN ORDER OF IMPORTANCE: _____

Relief Sought: _____

Grievant's Supervisor: _____ Date of Step 1 Answer: _____

Date waived/appealed to Step 2: _____ Extension(s): If yes, enclosed copy: YES NO

Basis for appeal to Step 2: _____

STEP 2

Step 2 meeting held: _____

What occurred? _____

Who is involved in this grievance? _____

When did it happen? _____

Where did it occur? _____

Were there any witnesses? If so, give name and telephone number (If possible, get individual signed statements from witnesses.)

Relief Sought: _____

Union's Position: _____

Second Step Official's Name and Title: _____

Management's Position: _____

Settled at Step 2: YES NO

Withdrawn: YES NO

Extension(s) (If yes, attach copies): YES NO

Amendments(s): _____

If settled, terms of settlement: _____

THE FOLLOWING MUST ACCOMPANY GRIEVANCES APPEALED TO STEP 3:

Does the grievant have any disciplinary action on his/her record? ____ YES ____ NO

If yes, please list all disciplinary actions (use additional paper if necessary):

<u>Disciplinary Action</u>	<u>Date</u>	<u>Penalty</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other employees are affected? _____

What has the past practice been in regards to similar violations? _____

Has a violation of this nature been called to the Employer's attention before? If so, when? _____

What action did the Employer take? _____

Did Management make any effort to settle this problem? Did they make an offer? ____ YES ____ NO

Exactly what were they willing to do? _____

Which Management statements are true? _____

Which are false, why? _____

Note to Grievance Handler

Use the following page to complete your written observations, comments, facts and results of your discussion with the grievant, Management and interviews with other witnesses. **REMEMBER:** This Grievance Fact Sheet is **NOT** to be shown to any member of Management. It is the property of the Union and should be kept with the Union's records of this grievance. (List anything else that you think would be helpful, even if you have to use additional paper.)

