



*United Professional & Service
Employees Union Local 1222*

UNION RECORD OF GRIEVANCE

This form is to be used by the Steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all details.

DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

Grievant: _____ **Employer:** _____

Classification: _____ **Date of Hire:** _____

Date of Classification: _____ **Work Location:** _____

What Happened? Describe incident(s) which gave rise to the grievance.

Who was involved? Give names and titles (include witnesses) _____

When did it occur? Give day, time date(s) _____

Where did it occur? Specific locations _____

Why is this a grievance? What is being violated: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

What is the remedy sought? What must be done to correct the problem?

Additional comments: Use reverse side if needed _____

Grievant's Signature: _____ **Date:** _____

Steward: _____ **Date:** _____

Grievant's Home Address: _____

NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR UNIT OFFICER FILING GRIEVANCE SEND THE UNION GRIEVANCE

FILE ALONG WITH A COPY OF THE GRIEVANCE (AND MANAGEMENT'S RESPONSE.)

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