



Bermuda Public Services Union

This form is to be used by the shop 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 the details.
DO NOT TURN THIS FORM IN TO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

GRIEVANT _____ DEPARTMENT _____

CLASSIFICATION _____ DATE HIRED _____

DATE OF CLASSIFICATION _____ WORK LOCATION _____

TELEPHONE NUMBERS - Work: _____ Home: _____

What Happened? Also describe incidents 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 management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local laws, etc.

What adjustment is required? What must management do to correct the problem?

Additional comments. _____

GRIEVANT'S SIGNATURE _____ DATE _____

SHOP STEWARD _____ DATE _____

GRIEVANT'S HOME ADDRESS _____

COPIES TO: Shop Steward - WHITE
Union - YELLOW
Grievant - PINK