



GRIEVANCE CHECKLIST

GRIEVOR NAME: _____ LOCAL CONTACT: _____

PLEASE IDENTIFY THE ARTICLE(S) OF THE COLLECTIVE AGREEMENT THAT YOU ARE RELYING UPON:

HAVE YOU INCLUDED:

- ALL CORRESPONDENCE RELATED TO THIS MATTER FROM THE EMPLOYER?
- ANY EMPLOYER POLICIES RELIED UPON?
- NAME AND PHONE NUMBER FOR RELEVANT CONTACT PERSONS OR WITNESSES?

BRIEF FACTUAL BACKGROUND:

EMPLOYER'S STATED POSITION:

UNION'S STATED POSITION:

ANY SETTLEMENT PROPOSED? BY WHOM?