## **Grievance Fact Sheet**

(This does not go to the agency. It is only to be used by the union. Use back if necessary.)

Grievant Name	Phone		_
Department	Job		-
What discipline was given?	Date of discipline		
1. Did grievant do what he or she w	as disciplined for? Yes	No	Unclear
2. Why was the grievant disciplined? who are they and what do they say		an incident, ar	e there witnesses,
THE GRIEVANT DID IT:			
3. Are all workers disciplined for bred	aking this rule, or is there favorit	tism?	
4. Did the worker know about the ru enforced?	le, know the penalty? Is it a ne	ew rule or an old	d rule that was never
5. Is the rule reasonable for workers to other workers had problems following		ınd efficient op	erations? Have
6. Does the punishment fit the seriou	usness of the offense and the w	vorker's history?	
7. Did the agency follow their own ru the agency investigate before issuin discipline the worker reasonably qui	ng discipline? Did they question	n the employee	e unfairly? Did they
8. Did the agency violate the FMLA	(for serious illness of the worker	r or family)?	
9. Do we need copies of agency rethis rule? Are there other records that		ave been discip	olined for breaking
Steward	Date		

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