Joint Grievance Brief

1. Union Grievance #:
2. Grievant’s Name:

Work Address:

Work Phone#:

Home Address:

Home Phone#

NCS Date:

Title:

Department:

Current Status:

1. Supervisor’s Name:

Phone#:

1. Steward’s Name:

Phone#

Officer’s Name:

Phone#

1. Date grievance occurred:

Date grievance filed:

Date grievance appealed:

1. Issue or condition that prompted grievance. (Include pertinent Article of the Working Agreement).
2. Areas of Agreement:
3. Areas in dispute:
4. Company position:
5. Union position:
6. Proposed settlement by the Company prior to panel meeting.
7. Proposed settlement by the Union prior to the panel meeting.
8. Suggested settlement from panel members.
9. Potential witnesses.
10. Documentation attached.