

**MASSACHUSETTS LIBRARY STAFF ASSOCIATION**

Grievance Fact Sheet



GRIEVANT'S NAME: \_\_\_\_\_

LIBRARY/LOCATION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

**WHAT HAPPENED?** *Describe actions and/or incidents which gave rise to the grievance:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO WAS INVOLVED?** *Provide names and titles (include witnesses):* \_\_\_\_\_

\_\_\_\_\_

**WHEN DID IT OCCUR?** *Provide the day(s), date(s), and time(s):* \_\_\_\_\_

\_\_\_\_\_

**WHERE DID IT OCCUR?** *Provide specific location(s):* \_\_\_\_\_

\_\_\_\_\_

**WHY IS THIS A GRIEVANCE?** *What is management violating: Union contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws.*

\_\_\_\_\_

\_\_\_\_\_

**WHAT ADJUSTMENT IS REQUIRED?** *What must management do to correct the problem:*

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:** *(Use reverse side if needed.)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRIEVANT'S HOME ADDRESS: \_\_\_\_\_

GRIEVANT'S NON-WORK E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNION REPRESENTATIVE'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

UNION REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT TURN THIS FORM INTO MANAGEMENT - FOR UNION USE ONLY**

**NOTE:** THIS FORM IS DESIGNED TO GATHER INFORMATION NECESSARY TO INVESTIGATE A COMPLAINT AND DEVELOP A CASE. RETURN THE COMPLETED FORM TO YOUR BUILDING REPRESENTATIVE. PLEASE USE ADDITIONAL PAGES IF NECESSARY TO DOCUMENT ALL RELEVANT DETAILS.