



Bermuda Public Services Union
 P.O. Box HM 763 Hamilton, Bermuda HM CX
 Tel: (441) 292-6985 or 292-6484 Fax: (441) 292-1149 Email: info@bpsu.bm



Grievance Fact Sheet

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.**

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_____



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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 Address _____