

CSO Grievance Packet



To: All UGSOA Local Executive Board

From: Donna Huff

Re: Grievance Forms

We have recently updated our grievance form, which I have enclosed. The new forms are very detailed, but should be self explanatory.

Please be sure that the forms are filled out, and each step is completed (including any and all attachments) before you send the packet up to the International Office for review.

Please call me if you have any questions.

This form is to be sent to the Employer.

CSO GRIEVANCE FORM UGSOA

Follow exact procedure and time limits outlined in
CBA grievance / Arbitration Procedure
(Incomplete forms will not be processed).

Date Filed: _____ Local No.: _____ Site Supervisor (Non-bargaining unit): _____

GRIEVANCE NO.: _____

Name of the Aggrieved: _____ Shift: _____ Building/Dept: _____

Union Rep Name/Phone Number: _____ Fax: _____

Section of Contract Violated: _____ Article: _____ Section: _____

Description of Grievance (attach additional sheets as needed):

Adjustment Desired:

Signature of Aggrieved: _____

Steward Signature: _____

Date of Informal: _____ Spoke to Site Supervisor: _____ Date/Time: _____

Date 1st Written Step to Contract Manager

Date Answer Received

Date 2nd Written Step to Human Resources

Date Answer Received

Date 3rd Written Step (Demand for Arbitration) to Human Resources

Date Answer Received

Executive Board Signature _____

This form is to be sent to the International.
CSO GRIEVANCE FORM UGSOA

(Page 1 – Step 1) Complete even if informal step is not applicable)

**Follow exact procedure and time limits outlined in your Local's
CBA grievance / Arbitration Procedure**

(Incomplete forms will not be processed further.)

For the grievance number use “(your Local number) (the year) (1,2,3, etc)”.
It is the Locals responsibility to assign and keep track of the grievance numbers.

Date Filed	Local No.:	Supervisor:	GRIEVANCE NO.:
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Name of the Aggrieved: _____ **Shift:** _____ **Building/Dept:** _____

Phone (day and evening numbers): _____

Address: _____

Union Rep Name: _____

Union Rep Phone Number: _____ **Fax:** _____

Section of Contract Violated:	Article: _____	Section: _____
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Description of Grievance:

Adjustment Desired:

Aggrieved Signature:	Union Rep signature:
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Date of Informal: _____ **Spoke to:** _____ **Date:** _____ **Time:** _____

Notes regarding the informal discussion:

CSO GRIEVANCE FORM UGSOA

(Page 2 – Step 2 – 1st Written Step to Company Rep – Contract Manager or Designee)

Date Filed: _____ Local No.: _____ GRIEVANCE NO.: _____

Date that the Written Step was sent to the Company Representative : _____

Date Answer should be received by: _____

If company does not respond by this date, move to the next step immediately.

Company Rep Name: _____

How and to where the written step was sent to the Company Rep:

Notes: (Explain why this was not resolved at the informal step and why you wish to continue to this next step)

Union Reps Signature: _____

**** Attach copy of Company Rep's response and record the date of receipt here: _____

CSO GRIEVANCE FORM UGSOA

(Page 3 – Step 3 – 2nd written Step to Company Rep – Human Resources Department)

At this time, include with this written step an Information Request: (In a letter to the Human Resource Department ask for any and all documents used by the Company that caused this grievance. Ask them to respond at the same time they respond to this written step. If they do not provide the information file a NLRB charge against the Company at the NLRB office nearest you.)
***Attach a copy of your information request to this form.

Date Filed: _____ Local No.: _____ GRIEVANCE NO.: _____

Date 2nd Written Step was sent to Company Representative: _____

Date Answer should be received by: _____

If company does not respond by this date, move to the next step immediately.

Company Rep Name: _____

How and to where the written step was sent to the Company Rep:

Notes: (Explain why this was not resolved at the 1st written step and why you wish to continue to this next step)

Union Reps Signature:

**** Attach copy of Company Rep's response and record the date of receipt here: _____

CSO GRIEVANCE FORM UGSOA

(Page 4 – Step 4 – Demand for Arbitration to Company Rep – Human Resources Department)

Attach copy of Demand for Arbitration sent to the Company.

Date Filed: _____ **Local No.:** _____ **GRIEVANCE NO.:** _____

Date Demand for Arbitration was sent to Company Representative: _____

Company Rep Name: _____

How and to where the Demand for Arbitration was sent to the Company Rep:

Notes: (Explain why this was not resolved at the 2nd written step and why you wish to continue to Arbitration)

Grievance Package Referred to UGSOA Int'l for Arbitration Consideration Date: _____
(At this time send the entire grievance package, including this completed form (all pages), all Company responses, statements from all involved and any information received from the Company regarding this grievance)

Executive Board Signature _____



International Union United Government Security Officers of America UGSOA



PHONE:(303) 650-8515
FAX: (303)-650-8510

8620 Wolff Ct. Suite 210 • Westminster, CO 80031

1-800-572-6103



Company Name

Date

Company Representative

Via Certified Mail

Via Fax

Local # _____ **Location:** _____

Grievant: _____

RE: Demand For Arbitration, Grievance Number: _____

The Union does not agree with, nor accept the Company's Step Number _____ disposition on the above Grievance.

The above Grievance is referred to Arbitration in accordance with Article Number(s) __ of the CBA.

Please contact _____ (International Division Director) to arrange for the selection of an Arbitrator and /or a Pre-Arbitration hearing.

Signature

This form must be signed by a member of the Executive Board and attached to each completed grievance in order to be reviewed by the International office for Arbitration.

One-half (1/2) of all arbitrator fees and expenses, including cancellation fees, will be paid by the UGSOA Local.

Any transcription costs will be paid by the UGSOA Local, if one is required.

Lost Wages for members participating in the arbitration will be paid for by the UGSOA Local.

The UGSOA International Office pays all Attorney / International Representative fees and expenses.

Please send bills to (UGSOA Local Union address):

I (we) acknowledge and take responsibility for the above financial obligations.

Signature

Title

Printed Name

Date



International Union United Government Security Officers of America UGSOA



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FAX: (303)-650-8510

8620 Wolff Ct. Suite 210 • Westminster, CO 80031

1-800-572-6103



Grievance Summary

If you cannot answer these ten (10) questions, your grievance is not complete. Complete this form and return it to the International with the complete grievance.

Local: _____

Subject: _____

A complete grievance must contain the following information:

#1 Date _____ that caused the grievance

#2 Date _____ informal meeting held (if required)

#3 Date _____ 1st written step mailed

#4 Date _____ received 1st written step answer

#5 Date _____ 2nd written step mailed

#6 Date _____ received 2nd written step answer

#7 Date _____ 3rd written step mailed

#8 Date _____ received 3rd written step answer (Note: 3rd written step may not be part of your contract)

#9 All witness statements and any other pertinent information that will assist us in the arbitration.

#10 Date _____ completed grievance mailed to the International Office