

9

July 23, 2015

TOM HATINGER  
UFCW 951

I AM REQUESTING A COPY OF MY GRIEVANCE THAT THE UFCW 951 SUPPOSEDLY FILED AGAINST THE SOUTH HAVEN MEIJER ON MY BEHALF. THE REASON I AM ASKING FOR THIS DOCUMENT IS BECAUSE UNION REPRESENTATIVE HIDI LEE TOLD MY SUPERVISOR TOM FISCHL THAT NO GRIEVANCE WAS EVER FILED FOR ME.

ALSO, TOM FISCHL BROTHER USED TO WORK FOR THE N.L.R.B. AND HE SAID I AM ENTITLED TO ANY DOCUMENT SUBMITTED ON MY BEHALF AND THAT THE UNION HAS NO RIGHT TO WITHHOLD ANY DOCUMENTS FROM ME.

ESPECIALLY DOCUMENTS I AM SUPPOSED TO SIGN. I SPOKE TO TOM FISCHL AND HE SAID HIS BROTHER HAS CONTRACTED THE N.L.R.B. ON MY BEHALF AGAINST UFCW 951, TOM AND I BELIEVE THE REASON YOU DON'T WANT TO GIVE ME ANY DOCUMENTS IS BECAUSE THERE AREN'T ANY YOU'RE PROTECTING MEIJER AND YOUR STEWARDS, NOT ME.

JIMMY JOHNSON



United Food and Commercial  
Workers International Union

July 30, 2015

Jimmy Johnson  
P O Box 705  
South Haven MI 49090-171

Dear Jimmy:

Please find enclosed per your request, copies of the two grievances that were filed on your behalf.

The one titled Local 951 was filed on behalf of several members including yourself, regarding the incident where Meijer Security treated you and other unprofessionally.

The second grievance is filed under your name regarding your suspension and was already sent to you on June 23<sup>rd</sup> (see attached letter).

Sincerely,

A handwritten signature in dark ink that reads "Tom Hättinger". The signature is fluid and cursive, with the first and last names being clearly legible.

Tom Hättinger  
Union Representative

rb

Enclosure





# STEP 1 FORM

2015-000891  
Grievance Number

Please Print Clearly

Grievant's Name UFCW 951 Employee ID \_\_\_\_\_  
Last 4 Digits of Social Security No. 800-999-0951 Telephone Number (include area code) \_\_\_\_\_  
Street Address 3270 Evergreen Dr NE  
City Grand Rapids State MI Zip Code 49525  
Department \_\_\_\_\_ Classification \_\_\_\_\_  
Seniority Date \_\_\_\_\_ Pay Rate \_\_\_\_\_ Status (full-time or part-time) \_\_\_\_\_

Andre

Meijer  
Employer  
271  
Unit Number  
April Groenker  
Unit Manager  
Heidi Lee  
Steward

WHITE COPY Union Office  
CANARY COPY Steward  
PINK COPY Unit Manager

NATURE OF THE GRIEVANCE: Hostile work environment 14.2

And all other applicable language \_\_\_\_\_

DATE OF INFRACTION: on going - 3-1-2015

DESCRIPTION OF FACTS: Receiving department

RECEIVED  
JUN 04 2015  
BY: \_\_\_\_\_

SETTLEMENT DESIRED: Make whole for all losses.

Date Step 1 Filed 3/17/15  
Date Step 1 Meeting Held 5/6/15  
Date of Management Step 1 Answer 5-6-15

STATUS  
Date Settled 5-6-15  
Date Withdrawn \_\_\_\_\_  
Date Discontinued \_\_\_\_\_  
Unresolved ☐

NATURE OF RESOLUTION Clarify policies and procedures.  
Further investigation of accusations by store director. Removal  
of post for language sensitivity

I, hereby acknowledge and agree to the above listed resolution of this grievance and further, I waive any further action against my employer as it relates to this grievance. I hereby state that Local 951 has fully and fairly represented me in this matter to the best of my knowledge. Upon the execution of the above-listed resolution of this grievance, I will consider the grievance as fully and completely resolved.

Amber L. Jackson  
Member's Signature

5-6-15  
Date Signed





# STEP 1 FORM

2015-00888  
Grievance Number

Please Print Clearly

Timmy Johnson  
Grievant's Name

1867791  
Employee ID

0378  
Last 4 Digits of Social Security No.

377 329-5510  
Telephone Number (include area code)

P.O. Box 705  
Street Address

South Haven  
City

Mi  
State

49090  
Zip Code

Receiving  
Department

Classification

8-26-14  
Seniority Date

1  
Pay Rate

Part-time  
Status (full-time or part-time)

Maier  
Employer

271  
Unit Number

April Groenleer  
Unit Manager

Andre Jackson  
Steward

WHITE COPY Union Office  
CANARY COPY Steward  
PINK COPY Unit Manager

NATURE OF THE GRIEVANCE: 5.8

And all other applicable language

DATE OF INFRACTION: 6-13-15

DESCRIPTION OF FACTS: Timmy was suspended without just cause.

SETTLEMENT DESIRED: Make whole for all losses.

Date Step 1 Filed: 6-16-15

Date Step 1 Meeting Held

Date of Management Step 1 Answer

## STATUS

Date Settled

Date Withdrawn

Date Discontinued

Unresolved ☐

NATURE OF RESOLUTION

COPY

JUN 24 2015

I, hereby acknowledge and agree to the above listed resolution of this grievance and further, I waive any further action against my employer as it relates to this grievance. I hereby state that Local 951 has fully and fairly represented me in this matter to the best of my knowledge. Upon the execution of the above-listed resolution of this grievance, I will consider the grievance as fully and completely resolved.



Exhibit A

March 17, 20



# STEP 1 FORM

2015 000891

Please Print Clearly

UFCW 951

Grievant's Name

Employer

Last 4 Digits of Social Security No.

800-799-0751

Telephone Number (Home or Work)

3270 Evergreen Dr. NE

Street Address

Grand Rapids

City

MI

State

49503

Zip Code

Department

Classification

Seniority Date

Pay Rate

Status (Full-time or part-time)

NATURE OF THE GRIEVANCE: Hostile work environment

And all other applicable language.

DATE OF INFRACTION: ongoing

DESCRIPTION OF FACTS: Reserving department

SETTLEMENT DESIRED: Make whole for all losses

Date Step 1 Filed: 3/17/15

Date Step 1 Meeting Held

Date of Management Step 1 Answer

STATUS

Date Sealed

Withdrawn

Dismissed

NATURE OF RESOLUTION

I hereby acknowledge and agree to the above action against my employer as it relates to the represented me in this matter to the best of my knowledge. I will consider the grievance resolved.

UFCW 951  
1-800-799-0751  
www.ufcw951.org





United Food and Commercial  
Workers International Union

September 10, 2015

Jimmy Johnson  
P.O. Box 705  
South Haven MI 49090

Dear Jimmy:

Please be advised that after careful consideration, a decision has been made to discontinue further action on grievance 2015-001788 dated June 16, 2015 which alleges violation of Article 5.8 at Meijer #271.

The Union's investigation reveals that there has been no violation of the Contract. If you have any questions concerning this matter, please contact me immediately.

Sincerely,

A handwritten signature in cursive script that reads "Andre Jackson".

Andre Jackson  
Union Representative

jp

13



1 A. No comment, Mr. Miller.

2 Q. Okay. I'm taking that to mean that you're not going  
3 to answer the question.

4 A. No comment.

5 Q. Did you ever see April treat other people poorly?

6 A. I seen situations in the store with other people, yes,  
7 I did.

8 Q. Okay. Who are some of those other people?

9 A. Employees, vendors.

0 Q. Okay. Were some of them black?

1 A. No.

2 Q. Okay. I think that's all I have.

3 EXAMINATION

4 BY MR. FISCHL:

5 Q. Just a couple things, Jimmy. The Step 1, these forms  
6 back on -- that May 6th meeting, when you were in  
7 there with Heidi and April and all them, did you think  
8 of it as a step meeting? This is the whole thing  
9 where the document was presented, signed by Andre  
0 Jackson.

1 At that meeting did you think you were at a  
2 Step 1 meeting, or was this part of the documents that  
3 came later when the NAACP contacted the union and got  
4 the documents later.

5 A. This was later. I never saw that during that meeting.



MR. MILLER: Okay.

MR. FISCHL: Thank you.

(The deposition was concluded at 5:17 p.m.

Signature of the witness was not requested by  
counsel for the respective parties hereto.)