



GRIEVANCE INFORMATION FACT SHEET

Date: _____ Agency: _____

Employee's Name: _____

Classification: _____ Employment Date _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Steward's Name: _____ Phone Number: _____

Management Representative(s):

Any Witnesses?

What Happened? When? Where? (Employee's explanation)

Management's Allegations:

Subsequent Developments:

Contract Provision(s) in Question:

Witness/Peer Explanation:

Attendance Records Indicate:

Performance Evaluations:

Other Disciplines:

Remedy Sought:

Date:

Local Steward: