Side One

Steward Fact Sheet

(For union purposes only)

Local Number: _____ Prepared by: _____
Check number: _____
Department: _____
Job & Classification: _____
Rate: _____ Location: _____

Supervisor's name: _____
Department: _____

Seniority — Employer service from date: _____
— Department service from date: _____
— Job service from date: _____

When did the grievance or complaint occur?
Date: _____ Time: _____
How often: _____ How long: _____

Names of witnesses involved:

Name	Department	Job Classification	Phone Number

What are the facts of the grievance or complaint? Attach additional sheets to cover all events.