



AFSCME Local 749

Grievance Fact Sheet

This form is to be used by the 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 details.
DO NOT TURN THIS FORM IN TO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

Employee/Grievant:	Classification/Title:	Department:			
Date of Hire:	Date of Classification:	Work Location:			
Date of Contact:	Phone / email:	Referring Steward:			
Direct Supervisor:	Step 2 Contact:	Step 3 Contact:			
Date and Time of Incident:					
Specific Location of Incident:					
What Happened? Nature of Incident or Incidents:					
Who was involved? Name all Parties and Witnesses to Incident:					
Why is this a Grievance? List Contract Violations or other reasons:					
Requested Remedy:					
Additional Comments. Use reverse side if needed.					
Initial Action Taken. Grievance filed. Meeting Scheduled, etc.					
Grievance #:	Level:	Date Filed:	Recipient:	Response:	Date:
	<input type="checkbox"/> Step 1				
	<input type="checkbox"/> Step 2				
	<input type="checkbox"/> Step 3				
Grievant: Signature:		Date:	Steward: Signature:		Date: