

Grievance and Investigatory FACTS COLLECTION WORKSHEET

For IBEW Local Union use only

Steward:

Date:

NAME(s)

Grievant:

NAME

Job Title

Wage Rate

Work Phone

Employee#

Shift

Dept

Location

Seniority Date

Supervisor:

Name

Title

Shift

Dept

Work Phone

Interviewer(s):

Name

Title

Dept

Work Phone

Interviewer(s):

Name

Title

Dept.

Work Phone

WHO is involved? (witnesses, management, personnel, grievant)

WHEN did the problem(s) occur? (Is more than one specific time involved?)

WHERE did the problem(s) occur? (More than one location?)

WHAT happened? (Facts behind different viewpoints! Background information! Differing positions?)

WHY is this a grievance? Must be a violation of something (contract, law, past practice, safety, etc.)

Proposed grievance resolution (what will it take to make the employee whole)

