



**COUNCIL 13  
AMERICAN FEDERATION OF STATE, COUNTY  
AND MUNICIPAL EMPLOYEES, AFL-CIO**



# GRIEVANCE FACT SHEET

*(Type or print information, filling in all blanks.)*

1. Grievant's Name \_\_\_\_\_ 2. S.S. No. \_\_\_\_\_

3. Home Address \_\_\_\_\_ 4. Home Phone \_\_\_\_\_

\_\_\_\_\_ 5. Work Phone \_\_\_\_\_

\_\_\_\_\_ 6. Work Hours \_\_\_\_\_

7. Job Classification \_\_\_\_\_ 8. Work Location \_\_\_\_\_

9. Date Incident Occurred \_\_\_\_\_ 10. Date Union was Aware \_\_\_\_\_

11. Issue(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Remedy: \_\_\_\_\_

\_\_\_\_\_

13. What supporting evidence exists: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ check if copy attached

\_\_\_\_\_ check if written statement supplied

14. Documents: a. \_\_\_\_\_ 15. Witnesses: a. \_\_\_\_\_

b. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ c. \_\_\_\_\_

d. \_\_\_\_\_ d. \_\_\_\_\_

e. \_\_\_\_\_ e. \_\_\_\_\_

f. \_\_\_\_\_ f. \_\_\_\_\_

16. Facts (dates, time, seniority, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Does Management agree with cited facts? If not, what's in dispute? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Date of 1st step hearing: \_\_\_\_\_

19. Who was present?

**UNION**

**MANAGEMENT**

- |          |          |
|----------|----------|
| a. _____ | a. _____ |
| b. _____ | b. _____ |
| c. _____ | c. _____ |
| d. _____ | d. _____ |
| e. _____ | e. _____ |

20. Were any offers of settlement made? If so, by whom and content of offer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Date of 2nd step hearing: \_\_\_\_\_

22. Who was present?

**UNION**

**MANAGEMENT**

- |          |          |
|----------|----------|
| a. _____ | a. _____ |
| b. _____ | b. _____ |
| c. _____ | c. _____ |
| d. _____ | d. _____ |
| e. _____ | e. _____ |

23. Were any offers of settlement made? If so, by whom and content of offer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Steward's Signature*

\_\_\_\_\_  
*Chief Steward's Signature*