

FACTS COLLECTION SHEET

(For IUOE Local 381 use only)

Steward: _____

Grievant: _____
Name Job Title Wage Rate Wk. Phone

Employee # Shift Department Location Seniority Date

Supervisor: _____
Name Title Hours of Duty Wk. 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 position?)
