

# GRIEVANCE INTAKE FORM/FACT SHEET

GRIEVANT(S): \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_ TIME IN POSITION: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

**WHO** was involved?

Grievant (employee, employees, the union): \_\_\_\_\_

Responsible Management person(s): \_\_\_\_\_

Witness(es): \_\_\_\_\_

**WHAT** happened?

What did some management representative do or not do that gives rise to the complaint?

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

**WHEN** did it occur?

Time and Date of event: \_\_\_\_\_

When must grievance be filed? \_\_\_\_\_

**WHERE** did it occur? (Specific locations)

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

**WHY** is this a grievance?

Specifically, what is wrong with "what happened"? \_\_\_\_\_

\_\_\_\_\_

Contract language or policy violated (cite article, section, paragraph, page number, etc.):

\_\_\_\_\_

**WHAT** must be done to make the grievant *WHOLE* ?

Corrective action requested: \_\_\_\_\_

\_\_\_\_\_

What would we settle for? \_\_\_\_\_

\_\_\_\_\_

STEWARD: \_\_\_\_\_