

Grievance Fact Sheet

This information is for the Association's use only. Do not turn this form into management.

Name of Grievant _____

Work Phone _____

Home/Cell Phone _____

Position _____

Building _____

Personal Email Address _____

Name of Immediate Supervisor _____

1. **What happened?** Describe incidents which gave rise to the grievant.

2. **When did it occur?** Give the date and time.

3. **Where did it occur?** Specific locations.

4. **Why is this a grievance?** What is management violating: contract rules and regulations, existing policy, past practice, local, state, federal laws, etc.

5. **Who was involved?** Give names and titles (include witnesses):

Additional Comments: