Local 1413
Fact Collection Sheet
(For IBEW Use Only)

Grievant: _____ _____ _____

Name | Job Title | Wage Rate

_____ _____ _____

Employee No. | Location/Shift | Seniority Date

Supervisor: _____ _____ _____

Name | Title | Hours of Duty

WHO was involved? (Witness, 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?)

_____

_____

_____

_____

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WHAT happened? (Facts behind different viewpoints. Background information.)

WHY is this a Grievance? There must be a violation of something (agreement, law, past practice, safety, etc.).

HOW to remedy? What is the specific and/or general remedy demanded?