

FACT COLLECTION SHEET

(For IBEW[®] Use Only)

Grievant: _____
Name Job Title Wage Rate

Employee No. Shift Section Location Seniority Date

Supervisor: _____
Name Title Hours of Duty

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 positions.)

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?

