**OFFICIAL GRIEVANCE FACT SHEET**

AFSCME MINNESOTA COUNCIL NO 5, AFL-CIO

300 Hardman Avenue S, Suite 2, South St Paul, Minnesota 55075 • (651) 450-4990 • fax (651) 455-1311

211 2nd Street W, Duluth, Minnesota 55802 • (218) 722-0577 • fax (218) 722-6802

*.I.*

GRIEVANT: \_ ADDRESS: --------------

PHONE: (home) \_ (work) \_

DATE: CLASSIFICATION: - - - - - - - - - - - -

SENIORITY DATES: Classification: \_

Department: \_ Employer: \_

EMPLOYER: \_

**0**History of discipline. Synopsis of performance reviews:\_

\_ \_ \_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

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

@ Statement of issue involved: (form a precise statement of the issue to be decided). \_

**8)**Remedy sought \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

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

**0** Detailed account of the dispute: (who, what, when, where, why)\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_ \_

\_ \_ \_

*(over)*

**8** Employer argument: Contract clause(s) ci t ed:\_ \_

\_ \_ \_

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

\_ \_ \_ \_

\_ \_ \_ \_

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

\_ \_ \_ \_

\_ \_ \_ \_ \_

Summary of Employer position: \_

Employer witness(es) and testimony:\_ \_ \_

\_ \_ \_ \_

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

\_ \_ \_ \_

\_ \_ \_ \_ \_

**<D** Union argument: Contract clause(s) cited:\_ \_

\_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_ \_

Summary of Union position:\_

\_ \_ \_ \_

\_ \_ \_ \_

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

\_ \_ \_

\_ \_ \_ \_

\_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

Union witness(es) and testimony: - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Steward:\_ \_ \_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

Grievance Meetings (dates):

Add ress: - - - - - - - - - - - - - - - - -

Step 1\_ \_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_ \_

Step\_2 \_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

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

Phone: (work)\_ \_

(home)\_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_ \_ \_

\_ \_ \_ \_ \_

\_ \_ \_ \_ \_

\_ \_ \_ \_

Step3 \_

\_ \_ \_

\_ \_ \_

\_ \_ \_ \_

\_ \_ \_ \_

\_ \_ \_

***INCLUDE IN ALL GRIEVANCE FILES FORWARDED***