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

GRIEVANT:________________________________

ADDRESS: ________________________________

____

PHONE: (home)________________________________

(work)________________________________

DATE:________________________________

CLASSIFICATION: ________________________________

SENIORITY DATES: Classification:________________

Department:________________

Employer:________________

EMPLOYER:________________________________

① History of discipline. Synopsis of performance reviews:________________________

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② Statement of issue involved: (form a precise statement of the issue to be decided).________________

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③ Remedy sought ____

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④ Detailed account of the dispute: (who, what, when, where, why)________________________

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(over)

8 Employer argument:

Contract clause(s) cited: ____________________

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: ____________________

Address: ____________________

Phone: (work) ____________________

(home) ____________________

Grievance Meetings (dates):

Step 1 ____________________

Step 2 ____________________

Step 3 ____________________

INCLUDE IN ALL GRIEVANCE FILES FORWARDED