

**Grievance Fact Sheet**  
[For Local Use Only]

Grievor's Name	_____	Employee #	_____
Department	_____	Section	_____
Job Title	_____	Seniority	_____
Home Address	_____		
City	_____	Postal Code	_____
Home Phone	_____	Cell	_____
Email	_____		

Grievance Details-Who? What? Where? When? (Include additional pages as needed and supporting documents)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Names

\_\_\_\_\_

\_\_\_\_\_

Resolve (What are you looking to get out of filing the grievance?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your grievance is related to a Job Competition please include the call number, attach the original posting and a copy of your resume.

\_\_\_\_\_  
Grievor Signature

\_\_\_\_\_  
Date