

<b>Date/Time:</b>	<b>Unit:</b>
<b>Union Member First Name</b>	<b>Last Name:</b>
<b>Location:</b>	<b>Steward:</b>
<b>Management:</b>	
<b>Reason for meeting:</b>	
<b>Follow up required:</b> No <input type="checkbox"/> Yes: <input type="checkbox"/>	
<b>Observations (tone, messaging, etc.):</b>	

