

✓ 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: _____

DATE: _____

ADDRESS: _____

CLASSIFICATION: _____

PHONE: (home) _____

SENIORITY DATES: Classification: _____

(work) _____

Department: _____

Employer: _____

EMPLOYER: _____

❶ History of discipline. Synopsis of performance reviews: _____

❷ Statement of issue involved: (form a precise statement of the issue to be decided) _____

❸ Remedy sought: _____

❹ Detailed account of the dispute: (who, what, when, where, why) _____

⑤ Employer argument:

Contract clause(s) cited: _____

Summary of Employer position: _____

Employer witness(es) and testimony: _____

⑥ 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

