

# FACTS COLLECTION SHEET

(UNION USE ONLY)

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Grievant Name

Job Title

Supervisor Name

**WHO IS INVOLVED?**

(WITNESSES, MANAGEMENT  
PERSONELL, GRIEVANT)

**WHEN DID THE PROBLEM OCCUR?**

(MORE THAN ONE SPECIFIC TIME  
INVOLVED?)

**WHERE DID THE PROBLEM OCCUR?**

(MORE THAN ONE LOCATION?)

**WHAT HAPPENED?**

(FACTS BEHIND DIFFERENT  
VIEWPOINTS, BACKGROUND  
INFORMATION)

**WHY IS THIS A GRIEVANCE?**

(THERE MUST BE A VIOLATION OF  
SOMETHING: CONTRACT, LAW,  
PAST PRACTICE, SAFETY)

**HOW TO REMEDY?**

(WHAT IS THE SPECIFIC  
AND/OR GENERAL  
REMEDY DEMANDED?)