



## Grievance Fact Collection Sheet

(For IBEW System Council #11 use only)

**Grievant:** \_\_\_\_\_  
Name Job Title Wage Rate  
SRB No. Shift Location

**WHO is involved?** (Witnesses, management, personnel, grievant)

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**WHAT happened?** (Facts behind, different viewpoints! Background information! Differing positions?)

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**WHERE did the problem(s) occur?** (More than one location?)

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**WHEN did the problem(s) occur?** (Is more than one specific time involved?)

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**WHY is this a grievance?** There must be a violation of something (contract, law, past practice, company rules, safety, etc.).

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**HOW to remedy?** What is the specific and/or general remedy demanded?

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