

# ✓ 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 2<sup>nd</sup> Street W, Duluth, Minnesota 55802 • (218) 722-0577 • fax (218) 722-6802

GRIEVANT: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

SENIORITY DATES: Classification: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_

Department: \_\_\_\_\_

(work) \_\_\_\_\_

Employer: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

❶ History of discipline. Synopsis of performance reviews: \_\_\_\_\_

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

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❸ Remedy sought: \_\_\_\_\_

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

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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**

