

GRIEVANCE FACT COLLECTION SHEET

Date: _____ **Membership ID #:** _____

Name: _____ **Title:** _____

School Name: _____

Certified Y/N _____ **Area(s) of Certification:** _____

Years of Service: _____ **Last Evaluation Result:** _____

Contact Info: _____
Personal Email Home Phone Cell Phone

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

WHEN did the problem occur? (Is there more than one specific time involved?):

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

WHAT happened? (Facts behind differing viewpoints. Background information. Differing positions?):

WHY is this a grievance? (What was violated? Contract, past practice, ed code, law, safety, etc.):

WHAT is the specific and/or general remedy demanded?
