## AFSCME GRIEVANT STATEMENT OF FACTS

1. NAME	
2. EMPLOYED BY	City of Columbus
3. DEPARTMENT	
4. DIVISON	
5. HIRE DATE	
6. JOB CLASSIFICATION	
7. YEARS IN CLASSIFICATION	
8. HOURLY RATE OF PAY	
9. PRIOR JOB CLASSIFICATION	
NUMBER OF YEARS	
10. REPORTING LOCATION	
II. DAYS OFF & WORK HOURS	
12. IMMEDIATE SUPERVISOR	
CLASSIFICATION	
CLASSIFICATION	
13. HOME ADDRESS	
14. PHONE NUMBER	
15. BEST TIME TO CALL	

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The following is my statement written this day of ,						
When did the event(s) take place?						
Where did the event(s) take place?						
Who was involved?						
Name	Job Classification		Reporting Location			
Are there any witnesses?						
Name	Phone #	Best Time	Classification	Location		

What happen? Please include all details of incident or issue including location, time of day, and an				
explanation of what happen, that gave rise to your grievance. Sign and Date the Completed Statement.				

Intital\_\_\_\_

SIGNATURE:	Date:
	Dut.
Print Name:	

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