

**FACTS COLLECTION SHEET (Who, When, Where, What, Why, and How)**

These sheets are only to aid the Representative with fact collection for the official Grievance Form.

Representative: \_\_\_\_\_

Grievant: \_\_\_\_\_  
Name Job Title Wage Rate Wk. Phone

\_\_\_\_\_  
Employee # Shift Department Location Seniority Date

Supervisor: \_\_\_\_\_  
Name Title Hours of duty Wk. Phone

**WHO** is involved (Witnesses, Management, Personnel, Grievant) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

