

# **AFSCME GRIEVANT STATEMENT OF FACTS**

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1. NAME	_____
2. EMPLOYED BY	City of Columbus _____
3. DEPARTMENT	_____
4. DIVISION	_____
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	_____ _____
11. DAYS OFF & WORK HOURS	_____
12. IMMEDIATE SUPERVISOR	_____
CLASSIFICATION	_____
13. HOME ADDRESS	_____ _____
14. PHONE NUMBER	_____
15. BEST TIME TO CALL	_____

The following is my statement written this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**When did the event(s) take place?**

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**Where did the event(s) take place?**

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**Who was involved?**

Name	Job Classification	Reporting Location

**Are there any witnesses?**

Name	Phone #	Best Time	Classification	Location



