



Contact Sheet

Date	Member	Workplace	Local
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
File opened by:	Home Phone	Work Phone	Cell/E-mail/Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			
<input type="text"/>			

Issue Action Summary:

- Information Request
- Grievance Filed
- Competition Appeal
- Mediation/Conflict Resolution
- Other

Referral to gr Consult with

Shop Steward

<input type="text"/>	<input type="text"/>
<small>NAME</small>	<small>TEL#</small>

Local Exec Member

<input type="text"/>	<input type="text"/>
<small>NAME</small>	<small>TEL#</small>

Workers' Advocate

Harassment Coordinator

Other

<input type="text"/>	<input type="text"/>
<small>NAME</small>	<small>TEL#</small>

Initial Concern:

Dates:

Summary:

Follow-up Contacts:

Dates:

Summary:

Date Closed

Union Advisor