Pre-Grievance Conference Information Form

This form is to be completed and submitted to Human Resources along with the SFA or SGEU Grievance Claim Form.

What date did the employee declare the grievance? _____

Date(s) of pre-grievance meeting(s) held: _____

Meeting attendees:

Name	**Position**	**Email**	**Phone**

Agreed to Statement(s) of Facts: _____

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Signature of Steward/Bargaining Unit Representative Date

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Signature of SIAST Manager/Director/OOS Date