



SEIU LOCAL 1000 FACTS COLLECTION/INTAKE FORM

FOR THE EXCLUSIVE USE OF SEIU LOCAL 1000

Taken By: _____ Date: _____

Type of Intake: Walk-in Telephone Email

Results of Initial Intake: Resolved Referred for further action

Issue: _____

WORKER

Name: _____ DLC: _____ Bargaining Unit: 01

Work address: _____

Home address: _____

E-mail (work): _____ E-mail (home): _____

Work phone: _____ Home phone: _____ Cell phone: _____

Department: _____ Classification: _____

If further action is required, please complete the remainder of this form

EMPLOYEE'S SUPERVISOR / MANAGER

Name: _____

Phone: _____ E-mail: _____

SEIU LOCAL 1000 LABOR RELATIONS REPRESENTATIVE / ORGANIZER

Name: _____

Phone: _____ E-mail: _____

SEIU LOCAL 1000 STEWARD

Name: _____

Phone: _____ E-mail: _____

What Happened (statement of the facts): _____



When did this occur? _____

Who was involved? _____

Where did this occur? _____

List all witnesses (work phone, home phone, work location, home address, e-mail): _____

What is management violating (contract, past practice, DPA rule, SPB rule, Government Code)? _____

What must management do to correct the situation? _____

Follow-up meeting scheduled for: [Date and Time]