



## SEIU LOCAL 1000 FACTS COLLECTION/INTAKE FORM

FOR THE EXCLUSIVE USE OF SEIU LOCAL 1000

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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: , 2007 - 00 : 00 AM