



# 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:**

<input type="checkbox"/> Information Request	<input type="checkbox"/> Referral to <u>gr</u> <input type="checkbox"/> Consult with	<input type="checkbox"/> Workers' Advocate
<input type="checkbox"/> Grievance Filed	<input type="checkbox"/> Shop Steward	<input type="checkbox"/> Harassment Coordinator
<input type="checkbox"/> Competition Appeal	<input type="checkbox"/> Local Exec Member	<input type="checkbox"/> Other
<input type="checkbox"/> Mediation/Conflict Resolution	<input type="text"/> NAME <input type="text"/> TEL#	<input type="text"/> NAME <input type="text"/> TEL#
<input type="checkbox"/> Other	<input type="text"/> NAME <input type="text"/> TEL#	

**Initial Concern:**

Dates:	Summary:
<input type="text"/>	<input type="text"/>

**Follow-up Contacts:**

Dates:	Summary:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Date Closed	Union Advisor
<input type="text"/>	<input type="text"/>