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?				
Name	Position	Email	Phone	
Agreed to Staten	nent(s) of Facts:			
		_		
Signature of Steward/Bargaining Unit Representative		Date		
Signature of SIAS	T Manager/Director/OOS	Date		