



Engineers & Scientists of California Local 20, IFPTE AFL-CIO/CLC

ESC L20 HEALTHCARE STEWARD INTAKE FORM

(For Union purposes only-do not file with employer)

MEMBER CONTACT INFO MEMBER NAME: ADDRESS: Primary Phone: EMAIL (Personal or Work) MEMBER WORK INFO UNIT: DEPT: SUPERVISOR: STEWARD:	REPRESENTATIVE NAME:	DATE:					
MEMBER NAME: ADDRESS: Primary Phone: EMAIL (Personal or Work) MEMBER WORK INFO UNIT: DEPT: SUPERVISOR: STEWARD:	STEWARD EMAIL:						
ADDRESS: Primary Phone: EMAIL (Personal or Work) MEMBER WORK INFO UNIT: DEPT: SUPERVISOR: STEWARD:	MEMBER CONTACT INFO						
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MEMBER WORK INFO UNIT: DEPT: SUPERVISOR: STEWARD:							
MEMBER WORK INFO UNIT: DEPT: SUPERVISOR: STEWARD:	Primary Phone:						
UNIT: DEPT: SUPERVISOR: STEWARD:	EMAIL (Personal or Work)						
DEPT: SUPERVISOR: STEWARD:		MEMBER WORK INFO					
SUPERVISOR: STEWARD:	UNIT:						
STEWARD:	DEPT:						
	SUPERVISOR:						
VHAT IS THE ISSUE? WHAT HAPPENED?	STEWARD:						
VHAT IS THE ISSUE? WHAT HAPPENED?							
	WHAT IS THE ISSUE? WHAT HAPPENED?						

VHEN DID IT HAPPI	:N?			
THO WAS INVOLVE	ED? WHO ELSE SAW/WI	TNESSED OR WA	S IMPACTED BY IT?	
NTACT INFORMA	TION FOR POSSIBLE WIT	TNESSES/OR DES	CRIP SUPPORTING D	OCUMENTS
HAT ELSE SHOULI	O WE KNOW/WHY DO YO	OU THINK IT HAF	PPENED?	
OSSIBLE RESOLUTI	ONS			

Contract Language *****PLEASE NOTE THAT CONTRACT T	
POSSIBLE CONTRACT VIOLATIONS: Please review	ew your contract and share what section you think nking and any information about past practice that
NEXT STEPS:	DEADLINE:









