



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)

REPRESENTATIVE NAME: _____ DATE: _____

STEWARD EMAIL: _____ STEWARD PHONE: _____

MEMBER CONTACT INFO

MEMBER NAME: _____

ADDRESS: _____

Primary Phone: _____

EMAIL (Personal or Work) _____

MEMBER WORK INFO

UNIT: _____

DEPT: _____

SUPERVISOR: _____

STEWARD: _____

WHAT IS THE ISSUE? WHAT HAPPENED?

WHEN DID IT HAPPEN?

WHO WAS INVOLVED? WHO ELSE SAW/WITNESSED OR WAS IMPACTED BY IT?

CONTACT INFORMATION FOR POSSIBLE WITNESSES/OR DESCRIP SUPPORTING DOCUMENTS

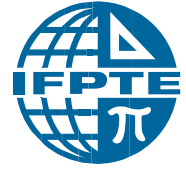
WHAT ELSE SHOULD WE KNOW/WHY DO YOU THINK IT HAPPENED?

POSSIBLE RESOLUTIONS

Please share this document with your Union Representative/Organizer via email



NOTES:



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