



Colorado WINS | Local 1876

STEWARD DEBRIEF FORM

Steward's name: _____

Was worker a member prior to representation? **YES** **NO**

Date of representation: _____

If no, did worker fill out a membership card? **YES** **NO**

Worker represented: _____

Was a follow-up meeting set? **YES** **NO**

Anyone else present: _____

If yes, date: _____

What type of representation was provided?
(i.e. advice, grievance, disciplinary R6-10, other) _____

Describe how the representation went:

What was the outcome of the representation:

How could the steward training been more helpful?

Should any other workers attend the next steward training?

What is your regular schedule so we can plan to include you in follow up steward meetings and trainings?

Do you have any other notes or feedback about your representation session?



When state employees have a voice, Colorado WINS

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Text "COWINS" to 787-753