## U FCT MATTERS

MATTER ID: VARCHAR2(20)

DATE\_OF\_COMPLAINT: DATE EMPLOYEE ID: NUMBER(12)

REPORTED\_ISSUE: VARCHÁR2(250) COMPANY NAME: VARCHAR2(30)

DATE\_OF\_INCIDENT: DATE
CASE\_STATUS: VARCHAR2(50)
EMPLOYEE\_NAME: VARCHAR2(50)

ADDRESS: VARCHAR2(250)
MATTER\_TYPE: VARCHAR2(50)

SOURCE: VARCHAR2(100)
INVESTIGATOR: NUMBER
DATE\_CLOSED: DATE
U\_INSERT\_DATE: DATE
U\_DELETE\_FLAG: CHAR(1)