U_FCT_MATTERS

MATTER_ID: VARCHAR2(20)

DATE_OF_COMPLAINT: DATE
EMPLOYEE_ID: NUMBER(12)
REPORTED_ISSUE: VARCHAR2(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)