

GRIEVANCE INVESTIGATION FORM



Steward's Name: _____ Phone# _____ Date _____

Name of Worker _____ Worksite _____

Work Phone # _____ Home Phone# _____

Cell Phone # _____ Home Address _____

Department _____ Immediate Supervisor _____

Classification _____ and
Supvr. Phone Number _____

Part Time Full Time Permanent Probationary

Years of Service _____ Member Yes No

1. What happened? (the detailed story- attach an additional page if needed) _____

2. Has the contract been violated? If so, what Section? _____

3. Has a past practice been violated? If so, when did it happen? What is the evidence of past practice and over what period of time has it applied? _____

4. When did it happen? When did the worker find out about it? _____

5. What is the deadline for filing a grievance? _____

6. Who else is affected by this issue? _____

7. Witnesses (attach statements):

8. Documents (attach copies):

9. What remedy does the worker want for this problem? _____

ANALYSIS

1. What steps have you taken?

† Had conversation with worker
† Had worker talk to boss
† Discussed case with staff representative

† Investigation complete
† Informal held
† Formal grievance filed
† Resolved

2. What is management's side of the story (based on grievant conversation or informal meeting)?

3. Additional information needed:

4. Resolution achieved at informal step:

5. How to make this a general issue in the workplace (how to organize):

6. If disciplinary, does the employee have prior disciplinary action in their employee file:

