

Company: _____ Grievance No.: _____

GRIEVANCE INVESTIGATION FORM - FOR THE UNION ONLY
(PLEASE PRINT OR TYPE)

Date: _____ General Chair Name: _____ Local Lodge: _____

***NOTE:** This form must be completed and accompany all grievances forwarded to the District - To be filled out by the Steward and attached to the **UNION COPY ONLY** of the Grievance.*

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVANT: _____
Name (Please Print) Street Address City State & Zip

Employee No. Hire Date Station Shift Hrs. Days Off

Cell / Home Phone Work Phone Alternate Phone Email

STEWARD: _____
Name (Please Print) Street Address City State & Zip

Cell / Home Phone Work Phone Alternate Phone

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name Department Job Title

WITNESSES OR OTHER PERSONS INVOLVED:

Name Department Job Title

Name Department Job Title

WHAT Happened? What is the Grievance about? (Make sure to include all points mentioned on the checklist for each type of grievance)

WHEN did the Grievance occur? (Date and Time grievance began? How often? For how long? Is it within time limits to proceed with a grievance?)

WHERE Did the Grievance occur? (exact location; department; machine; aisle; job number, etc. Include diagram, sketch or photo if helpful.)

WHY is this a Grievance? (violation of contract? Supplement? Law? Past Practice? Safety regulations? Rulings or awards? Unjust treatment? etc.)

WANT Grievance settled and redress in full (adjustment necessary to completely correct situation; in case of discharge ask for back pay.)

COMPANY CONTENTS:

Company record of Conduct (Warning and/or penalties for lateness, absenteeism, quantity, quality of work, etc.)

| | Dates: | Reasons: |
|--------------------------|--------|----------|
| Verbal warnings issued: | <hr/> | <hr/> |
| Written warnings issued: | <hr/> | <hr/> |
| Penalties imposed: | <hr/> | <hr/> |
| Any related information: | <hr/> | <hr/> |

