

# Grievance Investigation Form

LOCAL \_\_\_\_\_ LOCATION/DEPARTMENT \_\_\_\_\_

STEWARD \_\_\_\_\_

**1. WHO** has Grievance?

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Job class & title \_\_\_\_\_

Seniority \_\_\_\_\_

**2. WHERE** did it happen?

Location \_\_\_\_\_

**3. WHEN** did it happen?

Date(s) \_\_\_\_\_

Time \_\_\_\_\_

**4. WHAT** happened? Describe events including:

MEMBER's story and explanation

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MANAGEMENT position

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OTHER people involved including their names, job titles, seniority, shift and additional useful information.

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WITNESSES and their stories.

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BACKGROUND information, such as previous accusations, reprimands and events that relate to this problem.

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**5.WHY** is it a grievance?

Violation of contract clause(s)

Article \_\_\_\_\_ Section \_\_\_\_\_

Past practice (describe fully)

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**6.REMEDY:** (What should management do so the member does not lose rights or benefits?)

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**7.SUPERVISOR'S ANSWER**

Supervisor's Name \_\_\_\_\_

Date \_\_\_\_\_

Dept. \_\_\_\_\_

During grievance meeting management: (check one)

Agreed with union position (describe what supervisor did to correct situation)

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Refused to accept union position

Date \_\_\_\_\_

Grievance referred to: \_\_\_\_\_

Date \_\_\_\_\_

Describe company answer completely:

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Management person to whom grievance should be appealed:

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Name and work location of steward:

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