

GRIEVANCE INVESTIGATION FORM

(Please Print or Type)

FOR THE UNION ONLY

To be filled out by the Steward and attached to the UNION COPY ONLY of Grievance.

NOTE: This form must be completed and accompany all grievances forwarded to the District.

WHO IS INVOLVED IN THE GRIEVANCE?

Grievant: _____
(Name) (Street Address) (City, State, Zip)

(Station) (Home Phone) (Work Phone) Shift Hrs: _____ Days Off: _____

Classification Company Seniority

Steward: _____
(Name) (Please Print) (Street Address) (City, State, Zip)

(Home/Cell Phone) (Work Phone)

FOREMAN OR OTHER MANAGEMENT INVOLVED:

Name: _____

Department: _____

Job Title: _____

WITNESSES OR OTHER PERSONS INVOLVED:

Name: _____

Department: _____

Position: _____

Name: _____

Department: _____

Position: _____

WHAT Happened? What is the Grievance about? (make sure to include all pints 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 backpay)

COMPANY CONTENDS _____

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

	Dates	Reasons
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Any related information:	_____	_____

ADDITIONAL INFORMATION

Information Given by Witnesses (print the name of each witness followed by a summary of what each saw and heard; get a signed statement if necessary)

Documentary Evidence (Seniority List, Wage Schedule, Work Ticket, Record of similar grievance, etc.)

VERBAL HANDLING

- 1. Discussion Date: _____
- 2. Parties in attendance: Company - _____
 Union - _____
- 3. Steward's Argument: _____

- 4. Company's Position: _____

- 5. Attach Steward's statement, findings and results of verbal handling.
Date: _____ Signature of Steward: _____

STEP 1

- Grievance No. _____ Date Filed: _____
- 1. Hearing Date: _____ Decision Date: _____
- 2. Parties in attendance: Company - _____
 Union - _____
- 3. Argument: _____

- 4. Company's Decision: _____ Satisfactory _____ Unsatisfactory _____ Questionable
Explain: _____

- 5. Attach all correspondence and records pertinent to this grievance.

STEP 2

1. Hearing Date: _____ Decision Date: _____
2. Parties in attendance: Company - _____
Union - _____
3. Committee Argument: _____

4. Company's Position: _____

5. Company's Decision: _____ Satisfactory _____ Unsatisfactory _____ Questionable
Explain: _____

6. **Attach any additional facts, records, or information developed at Step 2.**
7. **If similar cases have been decided locally identify by grievance # and provide copies.**
8. **Review System Board Decisions and identify any cases relative and similar to this grievance (SBA Book # and Page).**

AUTHORIZATION must be filled in by employee, if representation in presenting of this grievance is desired.

I authorize _____ to represent me in presenting and settling the grievance.

Employee's Signature

Employee's Job Classification