



GRIEVANCE INVESTIGATION FORM

FOR THE UNION ONLY

GRIEVANT NAME	JOB TITLE	WAGE RATE		
EMPLOYEE NO.	SHIFT	SECTION	LOCATION	SENIORITY DATE

WHO IS INVOLVED? (Witnesses, management personnel, grievant.)

WHAT HAPPENED? What is the grievance about? Facts behind different viewpoints.

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.)

WHAT ARE THE DEMANDS FOR SETTLEMENT?
(Adjustments necessary to completely correct the situation; in case of discharge ask for back pay including interest.)

WHY IS THIS A GRIEVANCE?
(Violation of contract? Memorandum? Law? Past practice? Safety regulations? Rulings or awards? Unjust treatment, etc.)

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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:	_____	_____

TESTS FOR JUST CAUSE

WHAT IS THE WORK RULE INVOLVED? _____

DO WE ACCEPT THE RULE? _____

IS THE EMPLOYEE AWARE OF THE RULE? _____

DID MANAGEMENT FAIRLY INVESTIGATE BEFORE TAKING ACTION? _____

HAS MANAGEMENT EVENLY AND FAIRLY ENFORCED THE RULE IN QUESTION? _____

HAS THE WORKER'S RECORD BEEN TAKEN INTO CONSIDERATION? _____

DOES MANAGEMENT HAVE SUBSTANTIAL EVIDENCE OF GUILT? _____

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). USE ADDITIONAL PAPER.

ATTACH DOCUMENTARY EVIDENCE
(SENIORITY LIST, WAGE SCHEDULE, WORK TICKET, RECORD OF SIMILAR GRIEVANCE, ETC.)

DATE _____

SIGNATURE OF STEWARD OR COMMITTEE PERSON _____

SIGNATURE OF EMPLOYEE _____