



Stewards

GRIEVANCE INVESTIGATION FACT SHEET

Department _____ Date _____

Shift _____ Steward _____

Name of employee(s) _____

Classification _____ Seniority Date _____

Name of Supervisor _____

WHAT HAPPENED:

Employee story: When _____ Where _____

Date of interview with employee(s) _____

Supervisor story: When _____ Where _____

Alleged contract/rule violation _____

Date of interview with supervisor _____

WITNESSES

NAME(S)

WHAT THEY WITNESSED

NAME(S)	WHAT THEY WITNESSED
_____	_____
_____	_____
_____	_____

DOCUMENTS NEEDED (Check "yes" when received and attach to fact sheet)

____ Attendance record. ____ Work record. ____ Medical record

***USE BACK OF THIS FORM
TO RECORD ADDITIONAL PERTINENT INFORMATION***
