

**GRIEVANCE INVESTIGATION FACT SHEET**

Date: \_\_\_\_\_

Grievance  
No. \_\_\_\_\_

**WHO IS INVOLVED?**

Worker:	Name: _____ Phone # _____
	Address: _____
	Job Title: _____ Work Section: _____
	Seniority Date: _____

Management:	1st Line Supervisor _____
	Other Management Involved: _____
	_____

Witnesses:	Name: _____ Phone # _____
	Address: _____
	Name: _____ Phone # _____
	Address: _____
	Name: _____ Phone # _____
	Address: _____
	Name: _____ Phone # _____
	Address: _____
	_____

Other Participants:	Name: _____
	Name: _____

**WHEN DID THE GRIEVANCE OCCUR?**

Date/Time violation occurred: \_\_\_\_\_

Date/Time grievant learned of violation: \_\_\_\_\_

Date/Time grievant contacted steward: \_\_\_\_\_

Date/Time of 1st Step meeting: \_\_\_\_\_

Date/Time grievance filed: \_\_\_\_\_

**WHERE DID THE GRIEVANCE OCCUR?**

Where was the grievant? \_\_\_\_\_

Where was the supervisor? \_\_\_\_\_

**WHAT HAPPENED?**

Grievants version: (when) \_\_\_\_\_

(where) \_\_\_\_\_

(what) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(date of interview) \_\_\_\_\_

1st Line Supervisor's (or other management representative) version and/or position:

(when) \_\_\_\_\_

(where) \_\_\_\_\_

(what) \_\_\_\_\_

\_\_\_\_\_

(date of interview) \_\_\_\_\_

The act or omission that caused the grievance. What did some member of management do that he/she should not have done - - or failed to do that he/she should have done?

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**WHY IS THE COMPLAINT A GRIEVANCE?**

Violation of Contract: Article \_\_\_\_\_ Section \_\_\_\_\_ Page \_\_\_\_\_

Violation of Law: Federal \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_

Violation of Work Rule: Which Rule?

Violation of Management responsibility:

Unfair Treatment (give specific examples)

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Violation of an Arbitrator's decision:

Violation of past practice:

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**WHAT ELSE IS IMPORTANT?**

Grievants past work record (background)

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Number of members in work area \_\_\_\_\_

To whom is this issue important: \_\_\_\_\_

How many people are affected by this issue \_\_\_\_\_

Can people be mobilized around this issue? \_\_\_\_ Yes \_\_\_\_ No

Can this issue increase the visibility of the union? \_\_\_\_ Yes \_\_\_\_ No

Who in the union leadership is already involved with the issue?

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Who in the union leadership needs to become involved?

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Other helpful information:

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**WHAT SETTLEMENT WILL IT TAKE TO  
MAKE THE GRIEVANT WHOLE?**

What will it take to put the grievant in the same position he/she would have been in if the grievance had not occurred?

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**FACTUAL INFORMATION THAT MAY BE NEEDED**

<input type="checkbox"/> Medical records	employee permission _____
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<input type="checkbox"/> Overtime records	Date req. _____	Date received _____
<input type="checkbox"/> Attendance record	Date req. _____	Date received _____
<input type="checkbox"/> Discipline record	Date req. _____	Date received _____
<input type="checkbox"/> Job bid sheet	Date req. _____	Date received _____

<input type="checkbox"/> Memo of understanding
<input type="checkbox"/> Federal, State, Local Law
<input type="checkbox"/> Grievance File
<input type="checkbox"/> Past Practice File
<input type="checkbox"/> Arbitrator's Decisions
<input type="checkbox"/> Seniority List
<input type="checkbox"/> Work Rule
<input type="checkbox"/> Other grievances filed by employee
<input type="checkbox"/> Similar grievances filed by others

**DISPOSITION OF GRIEVANCE**

Outcome of the 1st step grievance meeting:

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Outcome of the 2nd step grievance meeting: \_\_\_\_\_

Outcome of the 3rd step grievance meeting: \_\_\_\_\_

Outcome of arbitration: \_\_\_\_\_

Stewards signature/date: \_\_\_\_\_