

GRIEVANCE INVESTIGATION PACKET

1. Who is Involved?

A. Employee

Employee _____ Classification _____

Seniority date _____ Department _____

Shift _____ Supervisor(s) _____

Employee phone _____ Employee email _____

B. Management

Name _____ Department _____

Phone _____ Email _____

Name _____ Department _____

Phone _____ Email _____

Name _____ Department _____

Phone _____ Email _____

C. Witnesses

Name _____ Department _____

Phone _____ Email _____

Name _____ Department _____

Phone _____ Email _____

Name _____ Department _____

Phone _____ Email _____

2. What Happened?

A. Discipline

Verbal warning ____ Written warning ____ Suspension ____ Termination ____

Other (describe): _____

Incident/reason given for discipline: _____

B. Other (egs., contract violation, seniority violation, etc.)

Violation of contract: Article: _____ Section: _____ Page: _____

Violation of law (describe): _____

Violation of work rule (describe): _____

3. Where Did the Incident or Violation Occur?

Incident/Scene _____

Facility _____

Vehicle _____

Off Duty _____

Other _____

4. When Did the Incident or Violation Occur?

Date of occurrence _____ Time _____

Date employee contacted steward _____ Time _____

Date grievance filed _____

5. Why?

Employee's explanation of incident/reason for grievance _____

Management's explanation for discipline/other action _____

Grievance Information Checklist

The Employer has a duty to provide information relevant to the investigation of a grievance. All forms of documents must be provided, including email, paper, photographs, etc. On the line next to each item below indicate the date you requested the information or record and the person you made the request to:

<u>Information requested:</u>	<u>Date of request:</u>	<u>Employer representative:</u>
Grievant's disciplinary record:	_____	_____
Witness statements:	_____	_____
Work rules/policies:	_____	_____
Seniority list:	_____	_____
Dispatch records:	_____	_____
Medical records:	_____	_____
Photographs:	_____	_____
Police report:	_____	_____
Invoices (repairs, damage to property)	_____	_____
Other (describe):	_____	_____

Past Practice Information Checklist

The past practice is: _____

Describe how the past practice was violated: _____

Evidence of the past practice is (witnesses, common behavior, etc.): _____

Witness Statements Supporting Grievant's Position

Name: _____

Address: _____

Phone: _____ Email: _____

Summary of witness statement (attach additional pages if necessary)

Name: _____

Address: _____

Phone: _____ Email: _____

Summary of witness statement (attach additional pages if necessary)

Witness Statements Supporting Management's Position

Name: _____

Address: _____

Phone: _____ Email: _____

Summary of witness statement (attach additional pages if necessary)

Name: _____

Address: _____

Phone: _____ Email: _____

Summary of witness statement (attach additional pages if necessary)
