

Company: \_\_\_\_\_ Grievance No.: \_\_\_\_\_

**GRIEVANCE INVESTIGATION FORM - FOR THE UNION ONLY**  
(PLEASE PRINT OR TYPE)

Date: \_\_\_\_\_ General Chair Name: \_\_\_\_\_ Local Lodge: \_\_\_\_\_

***NOTE:** This form must be completed and accompany all grievances forwarded to the District - To be filled out by the Steward and attached to the **UNION COPY ONLY** of the Grievance.*

**WHO IS INVOLVED IN THE GRIEVANCE?**

**GRIEVANT:** \_\_\_\_\_  
Name (Please Print) Street Address City State & Zip

Employee No. Hire Date Station Shift Hrs. Days Off

Cell / Home Phone Work Phone Alternate Phone Email

**STEWARD:** \_\_\_\_\_  
Name (Please Print) Street Address City State & Zip

Cell / Home Phone Work Phone Alternate Phone

**FOREMAN OR OTHER MANAGEMENT INVOLVED:**

\_\_\_\_\_  
Name Department Job Title

**WITNESSES OR OTHER PERSONS INVOLVED:**

\_\_\_\_\_  
Name Department Job Title

\_\_\_\_\_  
Name Department Job Title

**WHAT Happened? What is the Grievance about? (Make sure to include all points 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?)

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**WHERE** Did the Grievance occur? (exact location; department; machine; aisle; job number, etc. Include diagram, sketch or photo if helpful.)

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**WHY** is this a Grievance? (violation of contract? Supplement? Law? Past Practice? Safety regulations? Rulings or awards? Unjust treatment? etc.)

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**WANT** Grievance settled and redress in full (adjustment necessary to completely correct situation; in case of discharge ask for back pay.)

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**COMPANY CONTENTS:**

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

	Dates:	Reasons:
Verbal warnings issued:	<hr/>	<hr/>
Written warnings issued:	<hr/>	<hr/>
Penalties imposed:	<hr/>	<hr/>
Any related information:	<hr/>	<hr/>

**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**

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' 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 number and provide copies.**
- 8.      **Review System Board Decisions - 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 the TWU/IAM To Represent Me In Presenting And Settling The Grievance.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Employee's Job Classification**