

District Council 16

GRIEVANCE INVESTIGATION FORM

Local Union (#) _____ (State) _____
Grievant Name _____ Craft _____ Wage Rate _____
Shift _____ Project _____
Contractor _____ Address _____
Forman _____ Steward _____ Date of incident _____
Management personnel involved _____
Other workers involved _____

WITNESS	ADDRESS	TELEPHONE

When did the problem(s) occur? (Is more than one specific time involved?)

Where did the problem(s) occur? Specific location(s) of the incident(s).

Why is this a grievance? (Background, violation of contract, law, past practice, safety, etc., facts, differing positions)

What does the member want?

Date: _____