

Steward:	Grievance #
Union Rep:	Form Completed by:



Investigation Sheet

For Union Use Only

Complete this sheet while off the clock or on official steward duty as defined in your contract. Attach this form to the Union's copy of the grievance. Please write or print legibly.

LU 251

Member Name _____ SS# (Last 4) _____ Today's date _____

Phone #'s _____ Hire date _____ Start time: _____

Home Address _____ Work Status PT FT Other _____

City / State / Zip _____ Employer / Facility _____

Classification: _____ Work station or job assignment? _____

NATURE OF MEMBER'S COMPLAINT OR CONCERN (Mark one).

Unjust discharge Unjust suspension Protest of warning Pay Problem Other _____

WHEN did the member's complaint or concern happen? [Date and time] _____

WHERE did the member's complaint or concern take place? Be as detailed as possible. _____

WHO were the people involved? Give the first and last names of persons involved. Name all witnesses along with where they work in the building + phone numbers, if known. Name all supervisors involved. Indicate their title or area of responsibility.

WHAT is the member's complaint or concern? One complaint or concern per sheet. Please print or write legibly!

Need more room? Use back.

Action Requested by Member: What needs to happen to fix the problem.

When you first approached the employer with this matter who did you contact and when?

Manager / Supervisor's Name(s) _____ **Date contacted** _____

Result of initial contact with employer. If settled, write agreement up on a grievance form and have it signed and dated.
