



Grievance Investigation Form

Date: _____

Phone: _____

Steward: _____

Agency: _____

Grievant Information

Name: _____ Classification: _____

Work Phone: _____ Home Phone: _____

Home Address: _____

Department: _____ Supervisor: _____

Explanation of incident: _____

Date, time and location of incident: _____

Who was involved or witnessed the incident: _____
