



# SEIU LOCAL 517M GRIEVANCE INVESTIGATION FORM

Steward's Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_\_\_

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Name of Worker \_\_\_\_\_ Worksite \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Address \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

Employee Email: \_\_\_\_\_

\_\_\_ Part Time \_\_\_ Full Time \_\_\_ Permanent \_\_\_ Probationary Years of Service \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Supvr. Phone \_\_\_\_\_

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1. What happened? (The detailed story - attach an additional page if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Has the contract been violated? If so, what Section? \_\_\_\_\_

3. Has a past practice been violated? If so, when did it happen? What is the evidence of past practice and over what period of time has it applied? \_\_\_\_\_

\_\_\_\_\_

4. When did it happen? When did the worker find out about it? \_\_\_\_\_

\_\_\_\_\_

5. What is the deadline for filing a grievance? \_\_\_\_\_

6. Who else is affected by this issue? \_\_\_\_\_

7. Witnesses (attach statements):

8. Documents (attach copies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. What remedy does the worker want for this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **ANALYSIS BY THE STEWARD**

1. What steps have you taken?

\_\_\_\_\_ Had conversation with worker

\_\_\_\_\_ Had worker talk to boss

\_\_\_\_\_ Discussed case with staff representative

\_\_\_\_\_ Investigation complete

\_\_\_\_\_ Informal held

\_\_\_\_\_ Formal grievance filed

\_\_\_\_\_ Resolved

2. What is management's side of the story (based on grievant conversation or informal meeting)?

\_\_\_\_\_  
\_\_\_\_\_

3. Additional information needed:

\_\_\_\_\_  
\_\_\_\_\_

4. Resolution achieved at informal step:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How to make this a general issue in the workplace (how to organize):

\_\_\_\_\_  
\_\_\_\_\_

6. If disciplinary, does the employee have prior disciplinary action in their employee file:

\_\_\_\_\_  
\_\_\_\_\_