

Local 17

Grievance/Issue Investigation Form

Available at www.ptel7.org



**SUBMIT TO YOUR STEWARD OR UNION REPRESENTATIVE.
DO NOT SUBMIT TO MANAGEMENT.**

Employee Contact Information:

Name: _____ Phone: _____

Job Classification: _____ Email: _____

Department or Division: _____ Supervisor: _____

What happened? _____

Where did the incident occur? _____

When did the incident occur? _____

Witnesses Names / Contact Info: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Management's actions violated (check all that apply):

- Contract
- Past Practice
- Written Policy
- Written Agreement
- None of the Above

Article(s) & Section(s): _____

Explain below

Please attach any supporting documentation

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Why do you think the Employer's actions were improper?

How would you like to see the issue resolved?

What is the Employer's position? _____

Additional Information: _____

Please attach any supporting documentation.

Sign: _____ Date: _____

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