Incident/Grievance Report

This form is to be used by the local union in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. If necessary, use additional pages, including computer printouts, and document all the details. DO NOT TURN THIS FORM IN TO MANAGEMENT!!!

**THIS INFORMATION IS FOR THE UNIONS USE ONLY!!!** Send to appropriate chairman via email or in person.

Reporting Information

**Employee Name**: Click or tap here to enter text. Date: Click or tap to enter a date.

Current board/Job ID: Click or tap here to enter text.

Grievance  Time/Pay Claim  Other

Date of occurrence: Click or tap to enter a date.

Time: Click or tap here to enter text.

Job ID working at time of incident: Click or tap here to enter text.

Steps taken, if any Click or tap here to enter text.

Reported to manager: Choose an item.

If yes, who? Click or tap here to enter text.

When? Click or tap to enter a date.

Response: Click or tap here to enter text.

Witness(es): Choose an item.

If yes, name(s): Click or tap here to enter text.

Resolution requested: Click or tap here to enter text.

**Refer to http://www.utugc887.com as reference on requested resolution.**

**Synopsis of incident/pay claim:**   Additional details on back

Click or tap here to enter text.