

Local 17
Grievance/Issue Investigation Form
Available at www.ifpte17.org



SUBMIT TO YOUR STEWARD. DO NOT SUBMIT TO MANAGEMENT.

Employee Contact Information:

Name: _____

Phone: _____ Email: _____

Job Classification: _____

Department: _____

Employer: _____

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: _____

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

Please attach

How would you like to see the issue resolved?

What is the employer's position? _____

Please attach any supporting documentation.

Sign: _____ Date: _____

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