

STEWARD INVESTIGATION
FOR UNION ONLY

GRIEVANCE INVESTIGATION **COMPANY/CENTER** _____ **SHIFT** _____

Name of Grievant: _____ **Date of Investigation:** _____

Seniority Date: _____ **Classification:** _____

Date of Infraction: _____ **Date Submitted to the Company:** _____

Investigation conducted by: _____

Reason for Grievance: _____

Who was Involved: _____

When (date): _____ **Where:** _____

What Happened: _____

Has Supervisor, Manager attempted to settle grievance? Yes _____ **No** _____

Results: _____

Miscellaneous Notes: _____

USE BACK OF FORM IF NEEDED

PLEASE MAIL ANY/ALL WITNESS STATEMENTS WITH NAME, DATE, AND SIGNATURE, ALONG WITH THIS FORM AND THE WHITE COPY OF THE LOCAL 243 GRIEVANCE FORM TO:

**TEAMSTERS LOCAL 243
39420 SCHOOLCRAFT RD.
PLYMOUTH TWP, MI 48170**