



SEIU Healthcare Minnesota: Grievance Investigation Form
Member Resource Center
651-294-8100 or 1-800828-0206
Fax: 651-294-8200

Please Print

Date: _____

Steward's Name: _____ Work Phone: _____

Home/Cell Phone: _____ email: _____

Deadline for filing written grievance: _____ (please review contract language to determine. Some contracts have different timelines for disciplines and contract violations)

Grievant Information

Name(s): _____ Home/Cell Phone: _____

Email: _____

Street: _____ City: _____ State: _____ Zip: _____

Employed by: _____ Job title/Classification: _____

Bargaining Unit: _____ (where there are multiple units at the same place) Shift: _____

Seniority Hours: _____ Date of Hire: _____

Part time Full time Casual Probationary

People Involved

Management

Name: _____ Title: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Witnesses

Name: _____ Phones: _____

Dept/Classification/Floor: _____

Name: _____ Phones: _____

Dept/Classification/Floor: _____

Nature of problem or disposition

What Happened? _____

When? (Date and time grievance began. How often? For how long? Time limits ok?)

Where? (Where did the grievance occur? (Exact location: dept., machine, aisle, job number, etc. Include diagram, sketch or photo on reverse, if helpful)

Why? (Why is this a grievance? - Violation of Contract? Which articles & sections? Law? Past practice? Safety? Unjust treatment? Management's rules? Rulings or awards?)

Resolution or disposition: (What does the worker want? How will this person "be made whole?")

Do you need to request information?

Will you need records to help prove this case? Check the appropriate items:

Personnel File Past disciplines Shift schedule Investigation Notes Attendance Records

Employer Investigation Notes Pay Stubs Doctor notes Related Policies Witness statements

Other (list): _____

Additional Information (is there a history we should know about--employer or grievant):

Who else is affected by this issue: Who else has had a similar problem? _____

SEIU Healthcare Minnesota: Grievance Investigation Form
Member Resource Center
651-294-8100 or 1-800828-0206
Fax: 651-294-8200