

Grievance Interview Form

Grievant's Name: _____ Date: _____

Position: _____ Site: _____

Work Phone: _____ Home Phone: _____

I. WHAT is the complaint? _____

II. WHO is involved? _____

Witnesses? _____

Administrator? _____

III. WHERE did the incident occur? _____

Within grievance time lines? _____

IV. WHICH provisions are impacted? (cite contract sections) _____

V. HOW has the employee been affected? _____

VI. WHAT resolution does the employee seek? _____

SIGNATURE OF GRIEVANT: _____

VII. Does the employee want to grieve? _____ At what level should the

grievance be filed: _____

Comments: _____

Name of Interviewer: _____

Work Phone: _____ Home Phone: _____