

GRIEVANT INTERVIEW FORM

Date: _____

Grievant's Name: _____

Position: _____ Site: _____

Work Phone: _____ Home Phone: _____

I. WHAT is the complaint? _____

II. WHO is involved? _____

Administrator? _____

Witnesses? _____

III. WHERE did the incident occur? _____

IV. WHICH provisions are impacted? (Cite specific contract Articles and Sections.)

V. HOW has the employee been affected? _____

VI. WHAT remedy does the employee seek? _____

VII. DOES the employee want to grieve?	Yes or No?
At what level should the grievance be filed?	I II III IV
Are we within the grievance timelines?	Yes or No?
What is the last day that we can file the grievance?	_____

Comments: _____

Name of Interviewer: _____

Work Phone: _____ Home Phone: _____