



SEIU-West

INVESTIGATION SHEET

This Investigation Sheet is designed to provide a written record of what the grievance or dispute is about. This is an important document and should be completed with care and accuracy.

**PLEASE KEEP THE DOCUMENT CONFIDENTIAL AND
IN THE UNION'S CONTROL AT ALL TIMES.**

Please Print

Date:
Shop Steward/Union Representative:
Grievor/Member:
Facility:

INVESTIGATION SHEET

FOR THE UNION ONLY

(Please Print)

To be filled out by the Shop Steward in consultation with the member and attached to the Grievance Report.

WHAT HAPPENED? WHEN DID IT OCCUR? WHERE DID IT OCCUR AND WHY IS THIS A GRIEVANCE? Include dates and time.
(Attach additional sheets if necessary)

WHAT HAPPENED? Include dates and time. Continued.

ADDITIONAL INFORMATION

Names of witnesses and information provided by witnesses.
(Attach additional sheets if necessary)

*Consider this a cheat sheet for conducting a proper investigation.

CHECKLIST FOR INVESTIGATION SHEET

HAVE THESE POINTS BEEN COVERED AND ENTERED ON THE INVESTIGATION SHEET?

DISCHARGE AND DISCIPLINE

1. Personnel file.
2. Complete record of events leading to discipline.
3. An account of the incident resulting in discharge or suspension or reprimand.
4. Management's reason for its action.
5. Past practice in similar cases.
6. Supervisor's name, etc.
7. Name of witnesses, etc.
8. Dates and times important to case.

VACATIONS

1. Vacation dates requested.
2. Date request was submitted.
3. Seniority.
4. Grievor's entitled/accrued credits.
5. Number of employees in work group.
6. Employer's reasons for denial of request. Include any department guidelines relied upon.
7. Names, seniority and classification of any other employees if they are involved.

SAFETY HAZARDS

1. Name, classification, department of Grievor.
2. An account of the incident.
3. What caused the complaint?
4. Has it been previously reported? And to who and when?
5. What action has Management taken?
6. Witnesses, Names, etc.
7. Any injuries.
8. Nature of injury.
9. Was it reported to the OHS Committee?

HARASSMENT

1. Incident: Date, time, place.
2. Type of harassment: personal, racial, sexual.
3. Consequences: promotion denied, position downgraded, unfair discipline.
4. Health effects: mental and physical.
5. Identify Harasser: Supervisor, Department Head or Co-worker.
6. Identify Witnesses: Co-workers and others.
7. Is this a repeated incident?
8. Has it been drawn to Management's attention before?
 - How? Who? When?

OVERTIME (regular)

1. Date and shift overtime was scheduled.
2. Classification scheduled for overtime.
3. Grievor's classification and seniority.
4. Name and classification of employee who worked and their seniority.
5. The actual work that was performed.
6. Supervisor's reasons for not asking Grievor to work.

Call-in (not called in)

1. Grievor's name, classification, department, seniority.
2. Department call in list.
3. Name, classification and seniority of employee who worked.
4. Manager and/or designate.
5. Grievor's pro forma (where used).
6. Shift inquiry form (where used).
7. Department work schedule (identify call in shift worked).
8. Reason for vacant shift; (sick/vac/LOA (type)/reassignment/additional work); shift enhanced; part shift filled – employee absent.
9. Scheduling documentation re: central scheduling?, call log (if used), phone numbers, call in lists, notes on call to grievor.
10. Scheduling guidelines for call in: (e.g., # of phone numbers to call, #of rings, script for answering machine).

JOB POSTINGS

(Unsuccessful Applicant)

1. Grievor's classification and seniority.
2. Grievor's experience.
3. Name, classification and seniority of successful applicant.
4. Experience of successful applicant.
5. Management's reasons for rejecting the Grievor.
6. Management's reasons for choosing the successful applicant.

OVERTIME (Statutory Holiday)

1. Same as regular overtime.
2. Identify Statutory Holidays involved.
3. Verify that Grievor was available to work.

OUT-OF-SCOPE (OOS) WORKING

1. Name of person doing work.
2. Type of work performed.
3. Amount of time worked.
4. Area where work was done.
5. Grievor's classification.
6. Availability of Grievor.
7. OOS reason for working.

IMPROPER PAY

(Work Assignment)

1. Grievor's classification and seniority.
2. Grievor's regular work assignment.
3. Grievor's assignment on day in question.
4. Rate of pay applicable to assignment.
5. Exact work performed by Grievor and instructions from Supervisor.
6. Management's reason for not paying the higher rate.

IMPROPER LAY-OFF

(or Recall)

1. Region-Wide seniority of Grievor and other.
2. Classification, worksite.
3. Options offered.
4. Option preferred.

NOTE:

Have you sent in the Grievance Report and the Investigation Sheet within the time limit in your Collective Bargaining Agreement? If in doubt, call the MRC immediately at 1-888-999-7348, press 1.

Do not delay past the time limit.

