District Council 16

GRIEVANCE INVESTIGATION FORM

Local Union (#) ____________ (State) ____________

Grievant Name __________________ Craft __________________ Wage Rate ____________

Shift __________________ Project __________________

Contractor __________________ Address __________________

Foreman __________________ Steward __________________ Date of incident ________

Management personnel involved __________________

Other workers involved __________________

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<th>WITNESS</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
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When did the problem(s) occur? (Is more than one specific time involved?)

Where did the problem(s) occur? Specific location(s) of the incident(s).

Why is this a grievance? (Background, violation of contract, law, past practice, safety, etc., facts, differing positions)

What does the member want?

Date: ____________________