

GRIEVANCE 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 Article(s) and sections) _____

V. **HOW** has the employee been affected? _____

VI. **WHAT** resolution does the employee seek? _____

VII. **DOES** the employee want to grieve? _____

At what level should the grievance be filed? _____

Are we within the grievance time lines? Y N

What is the last day that we can file the grievance _____

Comments: _____

NAME OF INTERVIEWER: _____

Work Phone: _____ Home Phone: _____