



DISCIPLINARY GRIEVANCE QUESTIONNAIRE

NAME _____ LOCAL _____

JOB TITLE _____ PREV. JOB TITLES IF ANY _____

TOTAL YEARS EMPLOYED _____

ANY PREVIOUS DISCIPLINE? YES ___ NO ___

IF YES, WHAT TYPE _____

(ATTACH COPIES OF LETTERS OR DESCRIBE THE REASON FOR DISCIPLINE AND WHEN IMPOSED)

HAVE YOU RECEIVED PERFORMANCE EVALUATIONS? YES ___ NO ___

(IF YES, ATTACH COPIES OF LAST 3 YEARS IF AVAILABLE)

HAVE YOU RECEIVED ANY COMMENDATIONS? YES ___ NO ___

(IF YES, ATTACH COPIES OR DESCRIBE WHAT THE COMMENDATION WAS FOR AND WHEN ISSUED)

LIST ANY POTENTIAL WITNESSES THAT YOU BELIEVE MIGHT BE HELPFUL IN DEFENDING YOUR POSITION.

ARE YOU ACCUSED OF VOILATING AN EMPLOYER POLICY? YES ___ NO ___

IF YES, IS THE POLICY IN WRITING? YES ___ NO ___

(IF YES, ATTACH A COPY)

FILL OUT THE ATTACHED WITNESS STATEMENT EXPLAINING YOUR POSITION IN AS MUCH DETAIL AS POSSIBLE AND SIGN THE STATEMENT.

SIGNATURE

DATE