



DISCIPLINARY GRIEVANCE
QUESTIONNAIRE

Grievance Number

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