INVESTIGATION REPORT FORM

Employee's Name: _____ Phone: (work) _____ (home): _____

Position: _____ Department: _____ Worksite: _____

Date of Meeting: _____ Bargaining Unit: _____

Steward/Field Representative: _____

Name of Person(s) Conducting Investigation: _____

Names of Other Persons Present: _____

Was investigatory meeting taped? Yes ____ No ____

Detailed Summary of Investigation: _____

Attach additional sheets as needed.

REV. 1/01