

Investigation Fact Sheet

DEPARTMENT: _____

DATE: _____

SHIFT: _____

STEWARD: _____

NAME(s) OF EMPLOYEE (s): _____

CLASSIFICATION: _____

SENIORITY DATE: _____

WHAT HAPPENED: EMPLOYEE(s) STORY: ACCOUNT

DATE OF INTERVIEW WITH EMPLOYEE(s) _____

WHEN: _____

WHERE: _____

SUPERVISOR'S NAME: _____

DATE: _____

SUPERVISOR'S STORY:

ALLEGED CONTRACT/RULE/MAJOR/MINOR VIOLATION _____

WITNESS NAMES: _____

WHAT THEY WITNESSED: _____

DOCUMENTS NEEDED:

(CHECK WHEN RECEIVED AND ATTACH TO THE FACT SHEET)

____ ATTENDANCE RECORD

____ MEDICAL RECORD

____ WORK RECORD

____ BREAK SHEETS

____ COPY OF CONSULTATION

____ OTHER

USE BACK OF THIS FORM TO RECORD ADDITIONAL INFORMATION

Remember the TIME LIMITS.... Keep track of when the violation occurred, and the time limits in your contract!