



TEAMSTERS LOCAL UNION NO. 986

AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand

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!

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