

# INCIDENT RECORD

Name of aggrieved member: \_\_\_\_\_ H Phone: \_\_\_\_\_

Position/Site: \_\_\_\_\_ W Phone: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Date of incident/violation: \_\_\_\_\_ Date reported to Rep/UniServ Consultant: \_\_\_\_\_

Date talked to Principal: \_\_\_\_\_ Date of Grievance filing: \_\_\_\_\_

What was the issue/event? \_\_\_\_\_

---

---

---

---

Who were the person(s) involved? \_\_\_\_\_

---

Where did the event/issue take place? \_\_\_\_\_

---

Were there witnesses to the event/issue? \_\_\_\_\_

---

Have any sections of the collective bargaining agreement and/or policy been violated? \_\_\_\_\_

---

---

Has there been past practice with respect to this issue? \_\_\_\_\_

---

---

Are there any district rules or policies that speak to the event/issue? \_\_\_\_\_

---

What was asked of the principal? \_\_\_\_\_

---

What was the reply? \_\_\_\_\_

---

---

---

---

What does the member want as a remedy? \_\_\_\_\_

---