



# FEDERATION OF NURSES/UFT

NYSUT, AFT Healthcare — AFL-CIO  
52 Broadway • New York, NY 10004  
(212) 420-7981

## INVESTIGATION FACT SHEET

Grievant(s): _____		Social Security #: _____	
Work Location/Shift: _____			
Home Address: _____			
Street	City	State	Zip
Home #: _____	Work #: _____	Personal Cell#: _____	
Work Cell#: _____	Pager #: _____	E-mail: _____	
Assistant Director/Director of Program: _____			
<b>STATUS:</b> RN <input type="checkbox"/> LPN <input type="checkbox"/>			
Post Probationary <input type="checkbox"/> Probationary <input type="checkbox"/> Per Diem <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>			

1. When did the incident occur? \_\_\_\_\_  
\_\_\_\_\_
2. What took place (*circumstances, incidents giving rise to the problem*)? \_\_\_\_\_  
\_\_\_\_\_
3. Who was involved from management? (*Supervisory Directive in writing, from who, etc.*)  
\_\_\_\_\_  
\_\_\_\_\_
4. Are there witnesses? Who? \_\_\_\_\_  
\_\_\_\_\_
5. Who has agreed to testify? \_\_\_\_\_  
\_\_\_\_\_
6. Where did the Problem occur? \_\_\_\_\_  
\_\_\_\_\_
7. Is this a grievance? If so, what articles have been violated? \_\_\_\_\_  
\_\_\_\_\_
8. How was the grievant harmed? \_\_\_\_\_  
\_\_\_\_\_
9. What will resolve the problem? What is the remedy? \_\_\_\_\_  
\_\_\_\_\_
10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form must be completed **BEFORE** a grievance is filed. One copy is to be in the grievance folder. Make at least one copy. Send a copy to Anne Goldman, RN, Federation of Nurses/UFT, 52 Broadway, New York, NY 10004 or FAX #: 212-510-6436

**TO BE FILLED OUT BY AN ELECTED UNION REPRESENTATIVE ONLY.**