

SITE INVESTIGATION FORM

BUM Name _____ Position _____

Work Location _____ Work Phone _____

Supervisor (Name & Title) _____

Home Address _____ Home Phone _____

City _____ Zip _____ Home Email _____

1. WHERE did the problem occur? (Location – classroom, office, cafeteria, etc.)

2. WHEN did it happen? Date _____ Time _____

3. WHO were the persons involved?

(List names and designate by title, for example: teacher, instructional aide, student, parent, etc.)

4. WITNESSES (List names and designate as above.) _____

5. WHAT happened? (Describe in as much detail as possible.) _____

6. Do you think it is a GRIEVANCE? (Cite specific Contract Article(s) and Section(s).)

7. WHAT has been the PAST PROCEDURE to resolve similar problems?

8. HOW has the BUM been AFFECTED? _____

9. WHAT RESOLUTION/remedy does the BUM SEEK? _____

10. WHAT ATTEMPTS has the BUM made to date TO RESOLVE the problem?

11. DOES the BUM want to grieve (if contract violation is verified)? Yes No

12. WHAT is the last day a grievance can be filed? _____

(Check timelines in contract)

Name of Association Rep. _____

Work Phone _____

Home Phone _____

Home Email _____

(Attach additional sheets if necessary.)