



Local 408 Incident Report

Date _____ Steward/Employee(s)
Name(s) _____
Location(s) or Shop _____

Stewards or concerned employees shall complete this report and forward to the Local 408 office within the grievance timeline. (fax: 914-206-9627) Stewards should request a first step grievance meeting or request an extension of time to grieve if necessary. Always document these requests.

WHO are the individuals involved? (Full name & nickname)

Employee(s) that were directly involved. _____

Manager(s)? _____

Witness(es)? _____

WHEN did incident(s) occur? Include date, time and length of occurrence.

WHERE did the incident occur? (i.e. Store 4, started in break room moved to bathroom and ended in parking lot.)

WHAT happened? Detail a brief factual account of relevant data from individuals with direct knowledge of the incident.

WHY should the union consider a grievance or taking this incident to arbitration? _____

I AFFIRM that this is a true and honest accounting under penalty of perjury.

(sign) _____ Fax to 914-206-9627 ASAP - All Stewards shall maintain a file that includes Incident Reports and relevant documentation.

