

\*This document is to be used as an investigatory tool and can be filled out by Reps. or Stewards. This document is property of UFCW 21 and should not be submitted to any employer.

|              |                             |
|--------------|-----------------------------|
| DATE         | STORE NUMBER/ WORK LOCATION |
| NAME         | TITLE                       |
| PHONE NUMBER | DATE OF HIRE                |

**What happened?** Also describe previous incidents that may be related.

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**Who was involved?** Include names and titles: (include witnesses)

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**When did the incident occur?** Include date and time:

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**Where did the incident occur?** Include Specific location:

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