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| **LCTA Initial Member Complaint - Investigation Form** |

Site Representatives Name **\_\_**

Name of Member **\_\_\_** Work phone **\_\_**  
Home/cell phone **\_\_**  Personal email address **\_\_**

Work location **\_\_**

Position **\_\_**  Name of immediate supervisor **\_\_**

What happened? Use info form the Member Investigation Form (please attach).

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Where did the problem occur (room, playground, etc.) \_\_

When did it happen? Date **\_\_** Time **\_\_** AM PM Who was involved? Give names and whether person is a student, parent, employee, administrator, etc.

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Were there other witnesses to the event in addition to those above? YES NO If yes, provide names and other contact information if available.

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Is there a potential grievance? YES NO Give reasons for your answer. (Please check the [online searchable contract](http://leonteachers.org/s/LCTA-2017-2020_WIP-2019_Comments-Only_Vertical_PROTECTED.doc) and additional [ratified language](http://leonteachers.org/s/LCTA-Ratification-Packet-2019-2020_Correct.pdf) for specific possible violations.)

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What has been the procedure the administration has followed in the past toward this type of situation? **\_\_**

Has the contract been violated? YES NO Which sections?

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What is the remedy sought by the grievant?

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Recommendations

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