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| **LCTA Member Investigation Form** |

*If you believe you have experienced a violation or misinterpretation of the master contract, please complete as much of this form possible.*

Name of Member \_\_ Today’s Date \_\_

Home/cell phone \_\_ Personal email address \_\_

Work location \_\_ Site Rep Name \_\_

Job Classification \_\_ Name of immediate supervisor \_\_

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

When did it happen? Date \_\_ Time \_\_AM PM

What happened? Describe the event in as much detail as possible. Use the back if necessary.

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Who was involved? Give names and whether person is a student, parent, employee, administrator, etc. \_\_

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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