

TIPS FOR OBTAINING RELIABLE INFORMATION FROM WITNESSES

1. Focus on the witness's direct observations; make sure you distinguish direct observations from hearsay, in other words, what the witness was told by others about the event in question. Sometimes during an investigation hearsay can be useful in directing you to additional witnesses, but don't accept it for the truth of the matter.
2. Generally start with simple open-ended questions; follow with more specific questions to pin down important facts. Avoid complex, compound or multiple questions. But don't fail to narrow the witness down to the level of detail necessary to establish what actually happened.
3. If possible, become familiar with any relevant records or physical evidence before questioning witnesses so that consistency and reliability may be better assessed.
4. Sometimes it is appropriate to ask a witness what would/could another observer have deduced or otherwise explained the event that was observed, and why or why not that could be a reliable conclusion.
5. Remind your witness that it is okay to say s/he doesn't know the answer to your question if that is indeed the truth, rather than trying to provide his/her "best guess" based on logic or speculation.
6. Watch the witness's body language, facial expressions and speech patterns for indications of inappropriate nervousness, bias, and other credibility factors. Sometimes such indicators or abrupt changes in behavior can indicate areas for further exploration with the witness or others.
7. Don't intentionally influence the witness by nodding your head after his/her response or by saying things like "good," "well that makes sense," etc. Also, avoid distracting mannerisms such as rocking in your chair, clicking a pen, etc.
8. Ask your witness to avoid using personal pronouns instead of proper names. Very often miscommunications arise from the use of "he," "she," or "they." This goes for the investigator's questions as well.
9. Remember **where, what, when, who and how**. Be sure to establish witness's proximity to the event (e.g., where were you standing, what were you doing, what could you see, hear from there) and any conditions (e.g., lighting, obstacles, outside noise) that could have obscured witness's observation.

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A

I. Grievance

Employee's Full Name:		* SSN: - -	Job Title:
Agency Code:	Agency Name:		Facility Name:
Home Address:		Work Telephone No. () - ext. Work E-mail Address:	Home Telephone No. () - Home E-mail Address:
Date Grievance Occurred:		Role Title:	
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Employee's Signature:		
<i>Grievances must be presented or mailed to the immediate supervisor within 30 calendar days with two exceptions. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the next level supervisor in the line of supervision. If the complaint involves termination, demotion, suspension without pay or lost wages, the grievance may be submitted to the second-step respondent under the expedited grievance process. The <u>Grievance Procedure Manual</u> contains complete instructions. The Department of Employment Dispute Resolution (EDR) may be contacted if questions arise. * SSN assists with administrative processing of the grievance and is not required.</i>			
Check if you decided not to present this to your immediate supervisor because (check one):			
<input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor <input type="checkbox"/> Expedited Process			

II. First Resolution Step

Date Received:		
Response (use attachments if necessary):		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's response (check one):		
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.		
<input type="checkbox"/> I advance my grievance to the second step.		
<input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.		
<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days. (NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)		
Employee's comments (optional - [use attachments if necessary]):		
Date:	Employee's Signature:	
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.		

Grievance Form A, Rev. 8/14/2002



DEPARTMENT OF EMPLOYMENT DISPUTE RESOLUTION
 One Capitol Square, 830 East Main Street, Suite 400 • Richmond, Virginia 23219
 804-786-7994 • Toll Free 888-23-ADVICE • FAX 804-786-0111
www.edr.state.va.us

III. Second Resolution Step

Date Received: _____		Date of Meeting: _____	
Response (use attachments if necessary): 			
Date:	Second Step Respondent's Signature: _____	Telephone No.:	() - ext.
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.		<input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.	
<input type="checkbox"/> I advance my grievance to the third step.		<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days (NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)	
Employee's comments (optional - [use attachments if necessary]): 			
Date:	Employee's Signature: _____		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			

IV. Third Resolution Step

Date Received: _____		Date of Meeting: _____	
Response (use attachments if necessary): 			
Date:	Third Step Respondent's Signature: _____	Telephone No.:	() - ext.
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.		<input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.	
<input type="checkbox"/> I request qualification of my grievance.		<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days. (NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)	
Employee's comments (optional - [use attachments if necessary]): 			
Date:	Employee's Signature: _____		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			

V. Qualification for Hearing/Agency Head

Qualified for a Hearing:			
<input type="checkbox"/> Yes and the agency will request appointment of a Hearing Officer via Form B.			
<input type="checkbox"/> No			
Reasons (use attachments if necessary): 			
Date:	Agency Head's Signature: _____		
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.		<input type="checkbox"/> I advance my grievance to hearing and am returning it to the Human Resources Office.	
<input type="checkbox"/> I appeal the decision and request the Human Resources Office to forward the grievance record to EDR.		(Only check if qualified by agency head)	
Employee's comments (optional - [use attachments if necessary]): 			
Date:	Employee's Signature: _____		
NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.			

↪ If the agency is not in compliance, a written notice must be sent to the agency head ↩

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A – Expedited Process

I. Grievance

Employee's Full Name:		* SSN: - -	Job Title:
Agency Code:	Agency Name:		Facility Name:
Home Address:		Work Telephone No. () - ext . Work E-mail Address:	Home Telephone No. () - Home E-mail Address:
Date Grievance Occurred:		Role Title:	
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Use of Expedited Process Because (use attachments if necessary):			
Date:	Employee's Signature:		
<p><i>This form may only be used if your complaint involves termination, demotion, suspension without pay, or lost wages. The grievance must be submitted to the second-step respondent unless the grievance alleges discrimination or retaliation by the second-step respondent. In such cases, consult the <u>Grievance Procedure Manual</u> for specific instructions. The Department of Employment Dispute Resolution (EDR) may be contacted if questions arise. . * SSN assists with administrative processing of the grievance and is not required.</i></p>			



II. Second Resolution Step

Date Received:		Date of Meeting:	
Response (use attachments if necessary):			
Date:	Second Step Respondent's Signature:	Telephone No.: () - ext.	
Date Received: _____			
Employee's response (check one):			
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.		<input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.	
<input type="checkbox"/> I request qualification of my grievance. . (NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY		<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days	
Employee's comments (optional - use attachments if necessary):			
Date:	Employee's Signature:		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			

III. Qualification for Hearing/Agency Head

Qualified for a Hearing:	
<input type="checkbox"/> Yes and the agency will request appointment of a Hearing Officer via Form B.	
<input type="checkbox"/> No	
Reasons (use attachments if necessary):	
Date:	Agency Head's Signature:
Date Received: _____	
Employee's response (check one):	
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.	
<input type="checkbox"/> I appeal the decision and request the Human Resources Office to forward the grievance record to EDR.	
<input type="checkbox"/> I advance my grievance to hearing and am returning it to the Human Resources Office. (Only check if qualified by agency head)	
Employee's comments (optional - [use attachments if necessary]):	
Date:	Employee's Signature:
NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.	

↶ If the agency is not in compliance, a written notice must be sent to the agency head ↷