



Grievance Fact Sheet
FOR THE UNION ONLY

WHO is involved in the grievance?

Grievor:

Name: _____	
Department: _____	Classification: _____
Seniority: _____	Wage Rate: _____

Supervisor or other management involved:

Name: _____	
Department: _____	
Job Title: _____	

Witnesses or other persons

Name: _____	
Department: _____	Classification: _____

Name: _____	
Department: _____	Classification: _____

Name: _____	
Department: _____	Classification: _____

WHAT happened? What is the grievance about? (Attached additional notes if necessary)

WHEN did the grievance occur? (date, time, how often, for how long)

WHERE did the grievance occur? (Be specific – department, aisle number, floor, room, etc – include a diagram, sketch or photo if helpful)

WHY is this a grievance? (violation of collective agreement, past practice, law, safety regulations, rulings or awards, unjust treatment, etc)

WANT grievance settled and to be made whole (full redress) (adjustments necessary to completely correct situation; in case of discharge – back pay, seniority, pension)

Employer Contends:

Grievor's Record of Conduct and/or penalties for lateness, absenteeism, work performance, etc.

	Dates	Reasons
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Verbal Warnings: _____

Written Warnings: _____

Penalties Imposed: _____

Any related information:

Additional Information

Information Given by Witnesses (print the name of each witness followed by a summary of what each saw and heard; get a signed statement – attach any additional statements to this form)

Date: _____ Signed: _____
(witness)

Date: _____

Signature of Committee Person / Representative: _____

Signature of Aggrieved Member: _____

Grievance File Checklist

Grievor's Name: _____

Address: _____

Town/City	Province	Postal Code
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Phone (home): _____ Phone (mobile): _____

Bargaining Unit: _____

Subject of Grievance: _____

(If insufficient space, please attach appendix)

ATTACHMENTS

YES NO N/A

Copy of legible grievance form (retype wording and attach if not legible)

Agreement(s) to extend time limits

Appropriate referral notice or form (arbitration/adjudication)

Names & addresses of other parties to be advised of arbitration hearing

Employer's response (Step 1)

Employer's response (Step 2)

Employer's response (Step 3)

Outline of arguments presented at step 1 grievance hearing

Outline of arguments presented at step 2 grievance hearing

Outline of arguments presented at step 3 grievance hearing

List of jurisprudence cited at all grievance hearings

Completed Grievance Factsheet

Copy/summary of any settlement offers

Contact with grievor (dates and brief summary)

All witness statements (signed and dated)

Copy of all pertinent documents in chronological order (attach a list)

Appendices (attach a list)

EXPLANATIONS FOR BOXES CHECKED "NO" OR COMMENTS

(If insufficient space, please attach appendix)

TIME LIMITS	DEADLINE DATE	DATE PRESENTED	DATE RECEIVED by employer
Presentation of grievance			
Response at Step 1			
Response at Level 2			
Response at Level 3			
Referral to arbitration / adjudication			

Name of Union Representative (Step 1): _____

Address: _____

Town/City Province Postal Code

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Name of Union Representative (Step 2): _____

Address: _____

Town/City Province Postal Code

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Name of Union Representative (Step 3): _____

Address: _____

Town/City Province Postal Code

Telephone: _____ Fax: _____

Email: _____

Signature: _____