



Grievance Fact Sheet

This Grievance Fact Sheet is to be used by the Staff Representative to aid in investigating a grievance. The Fact Sheet outlines the information that will be necessary to develop a strong case as it is processed through the various steps of the grievance procedure. Use additional pages to document all the details if necessary.

The Fact Sheet should be completed with care and accuracy as close in time to the incident that gave rise to the grievance.

Important
DO NOT SUBMIT THIS FORM TO MANAGEMENT
This information is for the Union's use only

Date: _____ Site: _____

Employer: _____ Unit: _____

Name: _____ Classification: _____

Staff Representative: _____

Grievance Fact Sheet (please print):

WHO is involved with the grievance?

Grievor Name: _____ Email: _____

Phone Numbers: (home #) _____ (work #): _____

Address: _____

Seniority: _____ Pay rate: _____

Supervisor or Other Management Involved:

Name: _____ Name: _____

Title: _____ Title: _____

Work #: _____ Email: _____ Work #: _____ Email: _____

Witnesses or other persons Involved:

Name: _____ Phone W #: _____

Department: _____ Phone H #: _____

Classification: _____

Name: _____ Phone W #: _____

Department: _____ Phone H #: _____

Classification: _____

Name: _____ Phone W #: _____

Department: _____ Phone H #: _____

Classification: _____

WHAT happened?

Make sure to include all points mentioned on the checklist of each type of grievance.

When did the grievance occur?

The date and time the grievance began? How often, for how long? Is it within the time limits to proceed with a grievance?

Where did the grievance occur?

The exact location, department unit, etc.? Please include a diagram, sketch or photo if needed.

Why is this a grievance?

How has management violated the collective agreement? Existing policy, safety & health, past practice, regulations, rulings or awards, unjust treatment, etc.?

Want the grievance settled in full?

What resolution is desired to remedy the situation?

The Employer contends:

The Employer record of conduct: (Previous reprimands or discipline for any issues only necessary when the issue is potentially disciplinary in nature) the Grievor's personnel file should be reviewed and copies of any reprimands or appraisals obtained.

Dates/Reasons:

Verbal warnings issued: _____

Written warnings issued: _____

Penalties imposed: _____

Any related information (include most recent Performance Appraisals):

Additional Information

Grievor's Statement:

It is crucial for the grievor to write a summary of events surrounding the grievance, shortly after the incident occurred. The statement should be signed and dated by the grievor and the original should be attached to this report.

Statement Attached

Witness Statement:

Please complete the witness information below and attach their written, signed and dated statement.

Witness #1

Statement attached

Name: _____

Classification: _____

Phone #: _____

Witness #2

Statement attached

Name: _____

Classification: _____

Phone #: _____

Witness #3

Statement attached

Name: _____

Classification: _____

Phone #

Witness #4

Statement attached

Name: _____

Classification: _____

Phone #: _____

Meetings and Disposition of Grievance

Step 1: (insert appropriate level of management)

Date: _____

In attendance:

Outcomes:

Step 2: (insert appropriate level of management)

Date: _____

In attendance:

Outcomes:

Please see back for additional information.

Check List

Have These Points Been Covered And Entered On The Fact Sheet?

DISCHARGE & REPRIMAND

1. Previous work record.
2. Complete record of events leading to discipline.
3. An account of the incident resulting in discharge or reprimand.
4. Management's reason for its action.
5. Past practice in similar cases.
6. Supervisor's name, etc.
7. Name of witnesses, etc.
8. Dates & times (important to case)

IMPROPER PAY (Work Assignment)

1. Grievor's classification & seniority.
2. Grievor's regular work assignment.
3. Grievor's assignment on day in question.
4. Rate of pay applicable to assignment.
5. Exact work performed by grievor & the instructions from supervisor.
6. Grievor's experience & previous jobs.
7. Management's reason for not paying the higher rate.

HARASSMENT

1. Incident: date, time, place
2. Kind of harassment: personal, racial, sexual
3. Consequences: unfair discipline etc.
4. Health effects: mental & physical.
5. Identify Harassment: Supervisor, Department Head or Co-worker.
6. Identify Witnesses: Co-workers & others.
7. Is this a repeated incident?
8. Has harassment been drawn to management's attention before?

OVERTIME (Regular)

1. Date & shift overtime was scheduled.
2. Classification scheduled for overtime.
3. Grievor's classification.
4. Name & classification of employee who worked.
5. The actual work that was performed.
6. Previous record of overtime distribution.
7. Last time Grievor worked overtime.
8. Number of accumulated hours of Overtime for Grievor (and others).
9. Supervisor's reasons for not offering Grievor overtime.

VACATIONS

1. Time requested.
2. Time allotted.
3. Seniority.
4. Number of Employees in work group.
5. Employer's reasons for denial of request.
6. Names of other employees involved.
7. Seniority & classification of other Employees involved.

SAFETY HAZARDS

1. Name, classification, department of Grievor.
2. An account of the incident
3. What caused the complaint?
4. Has it been previously reported?
5. What action has management taken?
6. What law or rule is violated?
7. Witnesses: Names, etc.
8. Any injuries.
9. Nature of injury.

OVERTIME (Statutory Holidays)

1. Same as regular overtime.
2. Identify Statutory Holiday(s) involved.
3. Verify that Grievor qualified for holiday pay.
4. Verify that Grievor was willing to work.
5. Verify that it was Grievor's turn to work.
6. Why did supervisor bypass grievor?

JOB POSTINGS

(Unsuccessful Applicant)

1. Grievor's classification & seniority.
2. Grievor's experience & previous jobs.
3. Name, classification & seniority of successful applicant.
4. Experience & previous jobs of successful applicant.
5. Management's reasons for rejecting the Grievor.
6. Management's reasons for choosing the successful applicant.

SUPERVISORS WORKING

1. Name of person doing work.
2. Type of work performed.
3. Amount of time worked.
4. Area where work was done.
5. Grievor's classification.
6. Availability of Grievor.
7. Supervisor's reason for working.

TRANSFER (Denial of)

1. Grievor's seniority & classification.
2. Department requested.
3. Name of new employees hired.
4. Date of request for transfer.
5. Availability of replacement for grievor.
6. Supervisor's reasons for not agreeing to transfer.

IMPROPER LAYOFF (or Recall)

1. Employer-wide seniority of Grievor.
2. Bargaining-unit seniority of all involved.
3. Departmental seniority of all involved.
4. Classification or group seniority of all involved.
5. Type of work to be performed.
6. Previous experience of all involved.

If this is a Discharge or Discipline Matter:

- *Did you ask about any personal problems of the grievor?*
- *Did you ask about any previous record, good or bad, long or short?*
- *Did you probe any extenuating circumstances in this case?*
- *Did you ask about the personal character of all people involved?*
- *Did you discuss the consequences of the penalty?*
- *Did you consider whether or not the punishment fits the crime?*
- *Did you advise the grievor to seek employment while waiting?*