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## 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, as possible.

**IMPORTANT**  
**DO NOT TURN THIS FORM INTO MANAGEMENT**  
**THIS INFORMATION IS FOR THE UNION'S USE ONLY**

DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SITE: \_\_\_\_\_ UNIT: \_\_\_\_\_

GRIEVORS NAME: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

STAFF REPRESENTATIVE: \_\_\_\_\_

# GRIEVANCE FACT SHEET

PLEASE PRINT

FOR THE UNION ONLY

**WHO** IS INVOLVED IN THE GRIEVANCE?

Grievor: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Address: \_\_\_\_\_

(W): \_\_\_\_\_

Email: \_\_\_\_\_

Seniority: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

## SUPERVISOR OR OTHER MANAGEMENT INVOLVED:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Ph (W): \_\_\_\_\_ Email: \_\_\_\_\_

Ph (W): \_\_\_\_\_ Email: \_\_\_\_\_

## WITNESSES OR OTHER PERSONS INVOLVED:

1. Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Classification: \_\_\_\_\_ Phone (H) \_\_\_\_\_

2. Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Classification: \_\_\_\_\_ Phone (H) \_\_\_\_\_

3. Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Classification: \_\_\_\_\_ Phone (H) \_\_\_\_\_

**WHAT HAPPENED?**

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

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**WHEN DID THE GRIEVANCE OCCUR?**

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

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**WHERE DID THE GRIEVANCE OCCUR?**

The exact location – department, unit, etc; include a diagram, sketch or photo if helpful.

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**WHY IS THIS A GRIEVANCE?**

How has management violated the contract? Existing policy; safety & health; past practice; regulations; rulings or awards; unjust treatment; etc?

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**WANT GRIEVANCE SETTLED & REDRESS IN FULL**

What resolution is desired to fix the situation?

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**THE EMPLOYER CONTENDS:**

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**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) \_\_\_\_\_

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**ADDITIONAL INFORMATION**

**GRIEVOR'S STATEMENT:**

Statement attached

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

**INFORMATION GIVEN BY WITNESSES:** Print the name, classification and contact numbers of each witness and attach their written, signed and dated statement.

Witness # _____ Statement attached <input type="checkbox"/>
Name: _____
Class: _____
Ph. (W) _____ (H) _____

Witness # _____ Statement attached <input type="checkbox"/>
Name: _____
Class: _____
Ph. (W) _____ (H) _____

Witness # _____ Statement attached <input type="checkbox"/>
Name: _____
Class: _____
Ph. (W) _____ (H) _____

Witness # _____ Statement attached <input type="checkbox"/>
Name: _____
Class: _____
Ph. (W) _____ (H) _____

**MEETINGS HELD AND DISPOSITION OF GRIEVANCE**

**STEP 1** (Insert appropriate level of management)

Date: \_\_\_\_\_

Persons Present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 2** (Insert appropriate level of management)

Date: \_\_\_\_\_

Persons Present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CHECK LIST

## FOR GRIEVANCE INVESTIGATION

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 & instructions from supervisor.
6. Grievor's experience & previous jobs.
7. Management's reason for not paying the higher rate.

### 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.

### 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, Departmental Head of 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.

### 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.

### 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.

### 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.

### 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.

**Note :**

***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?***

# GRIEVANCE INVESTIGATION CHECKLIST

*HAVE THESE POINTS BEEN COVERED AND ENTERED ON THE FACT SHEET?*

<b><i>Discharge/Reprimand</i></b>	<b><i>Improper Pay (work assignment)</i></b>	<b><i>Harassment</i></b>	<b><i>Leave (Vacation, Sick, Education, Compassionate, Court, Special, Unpaid)</i></b>
Previous work record	Grievor's classification/seniority	Incident date time place	Time requested?
Complete record of events leading to discipline.	Grievor's regular work assignment	Type of harassment	Time allotted?
An account of the incident resulting in discipline	Grievor's assignment on day in question	Consequences: promotion denied, position downgraded; unfair discipline etc.	Seniority
Mgmt's reason for action	Rate of pay applicable to assignment	Health effects: mental/physical	Employer's reasons for denial
Past practice in similar cases	Exact work performed by grievor and instructions of supervisor	Identify witnesses Coworkers/others?	Names of other employees involved
Supervisor's name etc.	Grievor's experience and previous jobs	Is this a repeated incident?	Seniority and classification of other employees involved
Witness names etc.	Management's reason for not paying the higher rate.	Has this been drawn to mgmt's attention previously?	Similar occurrence before?
Dates/Times (relevant)	Similar occurrence before?	Similar occurrence before?	
Similar occurrence before?			
<b><i>Job Posting (unsuccessful applicant)</i></b>	<b><i>Improper Layoff (or recall)</i></b>	<b><i>Non-Union Performing Bargaining Unit Work</i></b>	<b><i>WPH&amp;S</i></b>
Grievor's classification / Seniority	Seniority of Grievor	Name of person doing work	Name, classification, department of grievor
Grievor's classification and seniority	Seniority of all involved	Type of work performed	An account of the incident/issue
Grievors experience and previous jobs	Classifications of all involved	Amount of time worked	What caused the complaint?
Name, classification and seniority of successful applicant	Type of work to be performed	Area where work was done	Has this been previously reported?
Management's reasons for rejecting the grievor	Previous experience of all concerned	Grievor's classification	Was there an investigation?
Management's reasons for choosing the successful applicant	Similar occurrence before?	Availability of Grievor	What action did mgmt take?
Successful applicant's Qualifications/Resume		Management's reason for work being done	What part of the act was violated?
Similar occurrence before?		Similar occurrence before?	Witnesses?
			Injuries/illness? Type/Severity?
			Similar occurrence before?