



101-1500 Notre Dame Ave.
Winnipeg MB
R3E 0P9
Phone: 1-204-772-0425
Fax: 1-204-775-6829
Info Line: 1-800-315-3331

Website: www.mahcp.ca

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.

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?

WHERE DID THE GRIEVANCE OCCUR?

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

WHY IS THIS A GRIEVANCE?

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

WANT GRIEVANCE SETTLED & REDRESS IN FULL

What resolution is desired to fix the situation?

THE EMPLOYER CONTENDS:

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:

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?***