



Grievance Fact Sheet

Purpose To provide Bargaining Unit Representatives with all relevant information required to support a grievance.

Additional information will be provided at each step of the grievance procedure, as required.

Grievors must cooperate with the Union in a timely manner and provide their contact information along with all supporting information/facts, in order for a grievance to proceed. A grievor's failure to cooperate and provide required information may result in the withdrawal of the grievance.

There are two parts. Part One is to be completed by the Grievor and Part Two is to be completed by the Grievance Chair.

Note **The Grievance Fact Sheets (Parts One and Two) are not a substitute for the grievance form.**

Important Having all the facts is essential. All Information is vital for the Union Representatives to effectively discuss the grievance with management.

When a grievance is not settled and proceeds to arbitration, the Union is required to prove its case through evidence at a hearing to support the grievance. This may require the oral evidence of the grievor and of those actually involved, plus any documented evidence that supports the grievance. The best time to investigate and obtain the relevant facts to support the grievance, is at the time the grievance occurs.

It is important to obtain and document all relevant information as soon as possible, when the grievance happens so it will not be forgotten. The Fact Sheets are intended to provide guidance as to how this should be done.

Grievors must cooperate with the Union in a timely manner and provide their contact information along with all supporting information/facts, in order for a grievance to proceed. A grievor's failure to cooperate and provide required information may result in the withdrawal of the grievance.

1. Grievor

The grievor will be interviewed about all circumstances surrounding the grievance, and asked to provide supporting documentation. The grievor should immediately provide a written statement outlining all relevant facts.

The grievor should provide all supporting documents e.g. Work schedule, pay stubs, names of witnesses, email messages, other disciplinary or other letters received from employer,

names of contacts, correspondence from any other sources. Any document provided need to be noted on the Fact Sheet. Any other relevant documents not available or provided with the Fact Sheet need to be identified.

2. Other People/Witnesses

Names of any witnesses involved in the event/occurrence should be identified on the Fact Sheets.

The Grievance Chair or grievor may be required to approach witnesses and request written documentation of their account of the event /occurrence at the time.

3. Member Representative or Grievance Committee

Written documentation of any meetings needs to be added to the Fact Sheet. Documentation should include:

- Management's response/position
- Potential resolution of the grievance
- General comments.

Cautions

The Fact Sheets and all attached documents are for the exclusive use of the Union Representatives and must not be shown nor given to management under any circumstances. The LRO needs to be provided with a copy of the Grievance Fact Sheet and all supporting documents as soon as possible once the grievance has been filed to prepare for the meeting with the employer.

Note: If all relevant information is provided by the grievor in writing, then that will be acknowledged as such and lack of the grievance fact sheet will not be a barrier to proceeding.

PART ONE – TO BE COMPLETED BY THE GRIEVOR

Submitted to the Grievance Chair or Bargaining Unit President.

Please fill in all information completely

Local #: 99 Employer: _____

Grievor's Name: _____ FT Regular PT Casual PT

Job Title: RN RPN Allied – Explain: _____

Grievor's Unit/Floor: _____

Your ONA Member ID Number: _____

Date of Hire: _____

Seniority: _____

Address: _____

Postal Code: _____

Home Phone: _____ Work Phone and extension: _____

Cell Phone: _____

Personal E-mail Address: _____

Preferred method of contact: _____

Best time to be contacted: _____

Date the Issue/Grievance occurred: _____

Facts of the Event/Occurrence

Please tell us in your words your story about the issue, to help us understand the situation. Include facts such as the six W's (**Who** was involved, **What** happened, **When** did it happen, **Where** did it happen, **Why** do you believe it is a grievance, **What resolution do you hope to get/are you looking for?**):

Note: you may append any required documents to this Fact Sheet.

Please complete this form as soon as possible after the incident or the issue occurred. You may wish to complete this part of the form with the assistance of the Grievance Chair or Bargaining Unit President.

(Boxes will expand as you type)

Who is involved?

What happened?

When did it happen [chronological order of events with date(s) and time(s)]?

Where did it happen (place)?

Why do you believe you have a grievance? Include Collective Agreement Articles violated.

What resolution do you want?

Have you completed and included the relevant questionnaire(s) (provided by your Bargaining Unit Representative)?

Yes No

If **Yes**, Please indicate which **Questionnaire(s)** you have completed, if any.

Please indicate what additional documents you are providing. E.g. Meeting notes, email, policies, written statements, medical information.

Meetings

Have you discussed this with your immediate supervisor (Verbal Step) - complaint to immediate supervisor?

Yes No

If **Yes**, please provide the date that you raised this issue/complaint with your immediate supervisor.

Name of Supervisor: Date:

Please provide a summary of the discussion with your immediate supervisor. Attach any email or other written documentation related to the meeting with **your** immediate supervisor.

Grievance Fact Sheet completed by, (if other than the Grievor).

Date Completed: _____

Print Name: _____

Signature: _____

REMEMBER: YOU CAN NEVER PROVIDE TOO MANY DETAILS

RETAIN A COPY FOR GRIEVANCE COMMITTEE.

PART TWO – TO BE COMPLETED BY THE BARGAINING UNIT OR GRIEVANCE CHAIR

Please list any documents you have obtained and are attaching to the Grievance Fact Sheet. E.g. Meeting notes, email, policies, written statements, medical information.

Is there any documentation which you and/or the grievor do not have access to, but will be needed/helpful in this case?

Yes No

If **Yes**, Please provide a list of documents

Please provide any information that has been offered by the Employer to resolve the issue/grievance.

Part One of the Fact Sheets

Statements from others

Any notes taken by you on the issue

Relevant **Questionnaire(s)**

Relevant Employer Policies

Please **list and** attach any documentation provided to the Employer or from the Employer, requesting an extension of time lines under the Grievance Procedure.

Date Completed: _____

Print Name: _____

Signature: _____

Check your collective agreement for the right of either party to request extension of time limits in any step of the complaint/grievance procedure.

If you requested or granted an extension, please attach a copy.

COMPLETED FACT SHEETS TO BE SUBMITTED TO THE LABOUR RELATIONS OFFICER