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It is always encouraged, when possible, to resolve an issue at the source – with the affected parties and as early as possible.

Should an early resolution not be achieved, a complete case file is required in order to facilitate effective representation. Please use this fact sheet to collect information on the issue or problem. This will help you ensure that the grievance process and timeframes have been respected.

## THE PARTIES

**Union Representative (Who completed the fact sheet)**

| | | | |
|---|---|---|---|
| Name | | | |
| Home address | | | |
| Work address | | | |
| Home phone | | Work phone | |
| Cell phone | | email | |
| Bargaining Unit | | Local | |

**Grievor / Complainant**

| | | | |
|---|---|---|---|
| Name | | | |
| Home address | | | |
| Work address | | | |
| Home phone | | Work phone | |
| Cell phone | | email | |
| Bargaining Unit | | Local | |

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## THE PARTIES

**Employer representative or immediate supervisor**

| | | | |
|---|---|---|---|
| Name | | | |
| Home address | | | |
| Work address | | | |
| Home phone | | Work phone | |
| Cell phone | | email | |
| Bargaining Unit | | Local | |

## FACTS OF GRIEVANCE / COMPLAINT

**Summary of complaint or grievance?** *(Include the article of the collective agreement or section of the legislation, if applicable)*.

**Detail of the complaint / grievance** (Provide all the details including a chronology – Attach a separate page if needed)

**-What occurred?**

**When did it occur?**

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## GRIEVANCE / COMPLAINT (cont.)

**Who is involved?**

**Where did it occur?**

**Add a list of any documents relating to the grievance / complaint**

**What corrective action are requested?**

**Are there Human Rights related grounds involved?**

## WITNESS(ES) (Attach a list if more than one)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name | | | | | | | |
| Address | | | | | | | |
| Phone | | email | | | | | |
| Provided Statement | ☐ | | Will testify | ☐ | | | |

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## Time limits

| | | | |
|---|---|---|---|
| **Date of incident** | | **Deadline for filing** | |
| **Date filed** | | **Deadline for reply** | |
| **Date of reply** | | **Transmittal deadline** | |
| **Date transmitted** | | | |

## Extension of timelines

**Please attach any documents related to any extension requests and approvals**

## Grievance / Complaint checklist

- ☐ **Copy of legible grievance form (retype wording and attach if not legible)**
- ☐ **Copy of legible transmittal form (level 2)**
- ☐ **Agreement(s) to extend time limits**
- ☐ **Appropriate referral notice or form (arbitration/adjudication)**
- ☐ **Employer's response (level 1)**
- ☐ **Outline of arguments presented at all levels of the grievance hearing**
- ☐ **List of jurisprudence cited at all grievance hearings**
- ☐ **Completed Steward Fact sheet**
- ☐ **Copy/summary of any settlement offers**
- ☐ **Contact with grievor (dates and brief summary)**