

**Grievance Fact Sheet/Investigation Form  
FOR THE UNION ONLY**

**WHO is involved in the grievance?**

Name: <input style="width: 90%;" type="text"/>			
Department: <input style="width: 35%;" type="text"/>	Classification: <input style="width: 50%;" type="text"/>		
Perm. Hire Date: <input style="width: 50%;" type="text"/>	Wage Rate: <input style="width: 15%;" type="text"/>		
Age: <input style="width: 10%;" type="text"/>	Contact #: <input style="width: 20%;" type="text"/>	Email: <input style="width: 60%;" type="text"/>	

**Education:**

**Work History:**

**Supervisor or Management Involved:**

Name: <input style="width: 90%;" type="text"/>	
Department: <input style="width: 80%;" type="text"/>	
Job Title: <input style="width: 80%;" type="text"/>	

**Other persons involved:**

Name: <input style="width: 90%;" type="text"/>	
Department: <input style="width: 30%;" type="text"/>	Title: <input style="width: 50%;" type="text"/>
Level of involvement?	
<input style="width: 90%;" type="text"/>	
<input style="width: 90%;" type="text"/>	

**Other persons involved:**

Name: <input style="width: 90%;" type="text"/>	
Department: <input style="width: 30%;" type="text"/>	Title: <input style="width: 50%;" type="text"/>
Level of involvement?	
<input style="width: 90%;" type="text"/>	
<input style="width: 90%;" type="text"/>	

**WHEN did the grievance occur?** (date, time, how often, for how long)

**Is this Grievance ongoing**  **or a one-time event** ?

**WHAT happened? What is the grievance about?** (Attach additional notes if necessary.)

**Is it safety related** YES  NO

○ If YES, has it been an ongoing concern that was brought up in Safety meetings? YES  NO

▪ Dates:

○ If YES, Opex or Incident Entered YES  NO  #:

**WHERE did the grievance occur?** (Be specific – department, remote work from home, unit, shop, etc. – include a diagram, sketch, or photo if possible)

Type of Grievance – Individual  Group  Policy Grievance

**WHY is this a grievance?** (violation of collective agreement, past practice, law, safety regulations, rulings or awards, unjust treatment, company policies, etc.)

- Similar to previous grievance? YES  NO

o If YES, grievance file # and date

- CBA reference

- Contractor Log book

- Work order #

- Related Work orders

- Permit #

- Contracting Out related? YES  NO

o Name of Contractor (if applicable)

**If policy related - which policy has been violated (Policy name)?**

**When was policy last updated?**

**Was employee provided training on policy? YES  NO**

**•If YES, when was last time employee took training on policy?**

Have you talked to a supervisor or Human Resources about issue? YES  NO

- If yes, who did you speak to?

**EMPLOYER JUSTIFICATION:**

**WANT grievance settlement desired** and to be made whole or remedy (adjustments necessary to completely correct situation; in case of termination – back pay, seniority, pension)

**Other Discipline on file (dates, reasons)**

**DATE**

**TYPE OF DISCIPLINE**

**DESCRIPTION OF DISCIPLINE**




Is the employee on the Attendance Management Program? Yes  No  Stage

**Attendance History:**

**Is there any Medical Information or Restrictions that the Union should be aware of?**

**Any Additional Information:**



**Information Given by Witnesses** (print the name of each witness followed by a summary of what each saw and heard; get a signed statement – attach any additional statements to this form)

Date:  Signed (Witness):

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**Documentary Evidence:**

(Seniority list, wage schedule, related work orders, permits, etc., record of similar grievances and outcomes, record of past discipline, etc.)

Date:

Signature of committee person/Steward:

Signature of Aggrieved Member:



**OFFICE USE ONLY:**

**In case of termination:**

- Shop Steward - inform employee about Employment Insurance & Mitigation
- Shop Steward – Explain Grievance Procedure
- Shop Steward – Explain Confidentiality

**Action Items:**