Grievance Fact Sheet/Investigation Form FOR THE UNION ONLY

WHO is involved in the grievance?	
Name:	
Department:	Classification:
Perm. Hire Date:	Wage Rate:
Age: Contact #:	Email:
Education:	
Work History:	
Supervisor or Management Involved:	
Name:	
Department:	
Job Title:	
Other persons involved:	
Name:	
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Department: Level of involvement?	Title:
Other persons involved:	
Name:	
Department:	Title:
Level of involvement?	
<u>,</u>	

Is this Grievance ongoing \Box or a one-time event $\Box?$

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)

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

was policy last updated?
was policy last undeted?
cy related - which policy has been violated (Policy name)?
Name of Contractor (if applicable)
Contracting Out related? YES NO
Permit #
Related Work orders
Work order #
Contractor Log book
CBA reference
• If YES, grievance file # and date
Similar to previous grievance? YES NO

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

• If yes, who did you speak to?

EMPLOYER JUSTIFICATION:

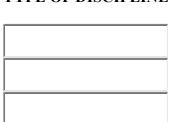
WANT grievance settlement desired and to be made whole or remedy (adjustments necessary to completely correct situation; in case of termination – back pay, seniority, pension)

Other Discipline on file (dates, reasons)

DATE

TYPE OF DISCIPLINE

DESCRIPTION OF DISCIPLINE



Is the employee on the Attendance Management Program? Yes 🗆	∃ No □	Stage	
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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: