# Grievance Fact Sheets

**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 <u>not</u> 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.

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## 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**

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.

**ONA Grievance Fact Sheet**
**Part One**

**To be completed by the Grievor and**
**Submitted to the Grievance Chair or Bargaining Unit President.**

**Please fill in all information completely**

Local #: _____ Employer: _____

Grievor's Name: FT ☐ Regular PT ☐ Casual PT ☐

Job Title: RN ☐ RPN ☐ Allied ☐ – Explain: _____

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 want?):

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

You may wish to complete this part of the form with the assistance of the Grievance Chair or Bargaining Unit President as soon as possible after the issue occurred that has given rise to this grievance.

**(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 (provided by your Bargaining Unit Representative)?

Yes ☐ No ☐

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

Please indicate what additional documents you are providing.

**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 you 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.**

**ONA Grievance Fact Sheet Form**

**Part Two**

**To be completed by the Grievance Chair or Bargaining Unit President.**

| Please list any documents you have obtained and are attaching to the Grievance Fact Sheet. E.g. Meeting notes, email, policies, written statements. |
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| |
| 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 takes by you on the issue ☐

Relevant Questionnaire ☐

Relevant Employer Policies ☐

Please 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.*

**The Grievance Chair or Bargaining Unit President submits the Fact Sheets to the LRO.**