

# Grievance Fact Sheet

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Grievor: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Position: \_\_\_\_\_

Seniority Date: \_\_\_\_\_

Department: \_\_\_\_\_

Shop Steward: \_\_\_\_\_

1. What is the nature of the grievance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Why did it happen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Who was involved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. When did it happen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Where did it happen? \_\_\_\_\_

\_\_\_\_\_

6. Witnessed by whom?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Why do you think this is a grievance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What section of the collective agreement has been violated, and what would be an acceptable resolve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Results of grievance procedure (*indicate date that each step was taken, as well as any details*):

Step 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Step 2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Step 3: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Grievor: **X** \_\_\_\_\_ Date: \_\_\_\_\_