



CUPE LOCAL 1004 GRIEVANCE FACT SHEET

This Grievance Fact Sheet is designed to assist Grievance Officers to keep a written record of what the grievance is about and what happens to it as it is processed through the various steps of the grievance procedure.

It is an important document and should be complete with care and accuracy. This document will provide the union representative with a complete history of the case. It will provide details of the grievance which may otherwise be overlooked or forgotten about.

When the grievance is finalized, the completed form should be placed in the local union's file for future reference. Copies should also be given to the CUPE Representative.

CUPE Local 1004



GRIEVANCE FACT SHEET

FOR THE UNION ONLY

To be filled out by the Steward and attached to the UNION COPY ONLY of Grievance

Name of Grievor (print): _____ Date: _____

Name of Steward or Business Agent (print): _____

WHO IS INVOLVED IN THE GRIEVANCE?

Grievor: (pls. print)

Name:	
Phone:	Email:
Employer:	Department:
Branch:	Worksite:
Classification:	Wage Rate:
Seniority:	<i>Employer-wide (date):</i> _____
	<i>Bargaining Unit Seniority (date):</i> _____
	<i>Department (date):</i> _____
	<i>Classification (date):</i> _____

Supervisor or Other Management Involved:

Name of Manager:	Name of Supervisor:
Department:	
Job Title:	

Name of Supervisor:
Department:
Job Title:

Witnesses or Other Persons Involved:

Name:	Job Title:
Department:	Branch:
Classification:	Wage Rate:

Name:	Job Title:
Department:	Branch:
Classification:	Wage Rate:

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT? (Make sure to include all points mentioned on the checklist for each type of grievance) ?

WHEN DID THE GRIEVANCE OCCUR? (Date and time grievance began?
How Often? For how long? Is it within time limits to proceed with the grievance?)

WHY IS THIS A GRIEVANCE? (Violation of contract? Supplement? Law? Past practice?
Safety regulations? Rulings or awards? Unjust treatment? etc)

WANT GRIEVANCE SETTLED AND REDRESS IN FULL (adjustments necessary to completely correct situation; in case of discharge ask for back pay)

Employee Records of Conduct *(if discipline imposed, have grievor complete Personnel File Release Authorization Form):*

Dates:	Reasons:
Verbal warnings:	
Written warnings:	
Penalties imposed:	
Any other related information:	

ADDITIONAL INFORMATION *Information given by witnesses (print name of each witness followed by a summary of what each saw and heard; get a signed statement; add more pages if needed for additional witnesses)*

Name of Witness (pls. print): _____	
Statement of Witness:	
Date: _____	Signature of Witness: _____
<i>(for additional witnesses, add to the end)</i>	

Name of Steward (print): _____ Date: _____

Signature of Steward: _____

Signature of Aggrieved Employee: _____

(Add pages as needed for additional information)

CHECKLIST – HAVE THESE POINTS BEEN COVERED AND ENTERED ON THE FACT SHEET?

<p style="text-align: center;">FOR GRIEVANCE INVESTIGATION Discipline and Discharge</p> <ol style="list-style-type: none"> 1. Previous work record. 2. Complete record of events leading to discipline. 3. An account of the incident resulting in discharge or reprimand. 4. Management's reason for its action 5. Past practice in similar cases. 6. Supervisor's name, etc. 7. Name of witnesses, etc. 8. Dates and times (important to case) 	<p style="text-align: center;">VACATIONS</p> <ol style="list-style-type: none"> 1. Time requested. 2. Time allotted. 3. Seniority. 4. Number of Employees in work group. 5. Employer's reasons for denial of request. 6. Names of other employees involved. 7. Seniority and classification of other 8. Employees involved. 	<p style="text-align: center;">TRANSFER (Denial ol)</p> <ol style="list-style-type: none"> 1. Grievor's seniority and classification. 2. Department requested. 3. Name of new employees hired, 4. Date of request for transfer. 5. Availability of replacement for Grievor. 6. Supervisor's reasons for not agreeing to transfer.
<p style="text-align: center;">HARASSMENT</p> <ol style="list-style-type: none"> 1. Incident: Date, time, place. 2. Kind of harassment: personal, racial, sexual. 3. Consequences: promotion denied, position downgraded, unfair discipline. 4. Health effects: mental and physical. 5. Identify harassment source: Supervisor, 6. Departmental Head or Co-worker. 7. Identify Witnesses: Co-workers and others. 8. Is this a repeated incident? 9. Has it been drawn to management's attention before? 	<p style="text-align: center;">OVERTIME (Regular)</p> <ol style="list-style-type: none"> 1. Date & shift OT was scheduled. 2. Classification scheduled for OT. 3. Grievor's classification. 4. Name and classification of employee who worked. 5. The actual work performed. 6. Previous record of OT distribution. 7. Last time Grievor worked overtime. 8. Number of accumulated hours of overtime for Grievor (and others). 9. Supervisor's reasons for not asking Grievor to work. 	<p style="text-align: center;">IMPROPER LAYOFF (or Recall)</p> <ol style="list-style-type: none"> 1. Employer-wide seniority of Grievor. 2. Bargaining-unit seniority of all involved. 3. Departmental seniority of all involved. 4. Classification or group seniority of all involved. 5. Type of work to be performed. 6. Previous experience of all concerned.
<p style="text-align: center;">JOB POSTINGS Unsuccessful Applicant</p> <ol style="list-style-type: none"> 1. Grievor's classification and seniority. 2. Grievor's experience and previous jobs. 3. Name, classification and seniority of successful applicant. 4. Experience and previous jobs of successful applicant. 5. Management's reasons for rejecting Grievor. 6. Management's reasons for choosing the successful applicant. 	<p style="text-align: center;">OVERTIME Statutory Holidays</p> <ol style="list-style-type: none"> 1. Same as regular overtime. 2. Identify Stat Holidays involved. 3. Verify Grievor qualified for holiday 4. pay. 5. Verify Grievor was willing to work. 6. Verify was Grievor's tum to work. 7. Verify supervisor deliberately bypassed Grievor. 	<p style="text-align: center;">SAFETY HAZARDS</p> <ol style="list-style-type: none"> 1. Name, classification, department of Grievor. 2. An account of the incident. 3. What caused the complaint? 4. Has it been previously reported? 5. What action has management taken? 6. What law or rule is violated? 7. Witnesses: names, etc. 8. Any injuries. 9. Nature of Injury
<p style="text-align: center;">IMPROPER PAY (Work Assignment)</p> <ol style="list-style-type: none"> 1. Grievor's classification and seniority. 2. Grievor's regular work assignment. 3. Grievor's assignment on day in question. 4. Rate of pay applicable to assignment. 5. Exact work performed by Grievor and instructions to supervisor. 6. Grievor's experience and previous jobs. 7. Management's reason for not paying higher rate. 	<p style="text-align: center;">SUPERVISORS WORKING</p> <ol style="list-style-type: none"> 1. Name of person doing work. 2. Type of work performed. 3. Amount of time worked. 4. Area where work was done. 5. Grievor's classification. 6. Availability of Grievor. 7. Supervisor's reason for working. 	<p>Note:</p> <p>If this is a Discharge or Discipline Case:</p> <ol style="list-style-type: none"> 1. Did you ask about any previous record, good or bad, long or short? 2. Did you probe any extenuating circumstances, including personal problems of grievor? 3. Did you ask about the personal character of all people involved? 4. Did you discuss the consequences of the penalty? 5. Did you consider whether or not the punishment fits the crime? 6. Did you advise the grievor to seek employment while waiting?
<p style="text-align: center;">DISMISSAL FOR INNOCENT Absenteeism</p> <ol style="list-style-type: none"> 1. Attendance record, including reasons for absences. 2. Likelihood of recovery. 3. Any disability requiring accommodation to the point of undue hardship? 	<p style="text-align: center;">DISCRIMINATION Duty To Accommodate</p> <ol style="list-style-type: none"> 1. Any discrimination on a prohibited ground? 2. Has employer identified or made accommodation(s)? 3. Has union identified possible accommodation(s)? 4. Effect on other bargaining unit members by any proposed accommodation(s)? 5. Would CA be violated by any proposed accommodation(s)? 6. Does Employer claim that "undue hardship" would result from proposed accommodation(s)? 	

MEETINGS HELD AND DISPOSITION OF GRIEVANCE

Step 1 (*Insert appropriate level of management*)

Date: _____

Persons Present:

Outcome:

Signed: _____

Step 2 (*Insert level of management involved*)

Date: _____

Persons Present:

Outcome:

Signed: _____

Step 3 *(Insert level of management involved)*

Date: _____

Persons Present:

Outcome:

Signed: _____

Step 4 *(Insert level of management involved)*

Date: _____

Persons Present:

Outcome:

Signed: _____