

APPENDIX 2

NBUPPE

Grievance Fact Sheet

This form is to be used by the Union Activist to aid in investigating a grievance. The Fact Sheet outlines the information that will be necessary to develop a strong case. It is important to properly record the details related to the situation brought to your attention by a member. If necessary, use additional pages to document all the details.

DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

WHO IS INVOLVED IN THIS GRIEVANCE?

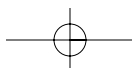
NAME OF GRIEVOR:	UNIT:
HOME ADDRESS:	
PHONE: (Home)	(Work)
DEPARTMENT:	
JOB CLASSIFICATION:	PAY GRADE:
LENGTH OF SERVICE:	ANNIVERSARY DATE:

Supervisor or other management involved:

NAME:
TITLE:
DEPARTMENT:
WORK PHONE:

Witnesses or other persons involved:

NAME:	
ADDRESS:	
PHONE: (Home)	(Work)
JOB CLASSIFICATION:	
NAME:	
ADDRESS	
PHONE: (Home)	(Work)
JOB CLASSIFICATION:	



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WHAT happened? **WHAT** is the grievance about? (Also describe incidents which gave rise to the grievance):

WHEN did the grievance occur? (Give day, time dates. Is it within time limits for filing?):

WHERE did the grievance occur? (Specific location, department):

WHY is this a grievance? (Violation of Collective Agreement, legislation, safety standards, past practice, policy):

WANT grievance settled how? (What is needed to rectify the situation - back pay, time off, reinstatement?):

WITNESS INFORMATION (Information given by witnesses; get signed witness statements if possible):

DOCUMENTARY EVIDENCE: (Attached when received: Seniority list, medical record, work record, etc.):

Date: _____ **Union Activist:** _____

