



CUPE Local 5209
1378 Trioie St.
Ottawa, ON, K1B 3M4
www.5209.cupe.ca
Grievance.Committee.5209CUPE@gmail.com

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 completed 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.

Union Development Branch
Canadian Union of Public Employees



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GRIEVANCE FACT SHEET
FOR THE UNION ONLY

To be filled out by the Steward and attached to the **UNION COPY ONLY** of
Grievance No: _____, Local 5209.

PLEASE PRINT

WHO IS INVOLVED IN THE GRIEVANCE?

GRIEVOR

Name: _____
Department: _____
Classification: _____
Wage Rate: _____

SENIORITY

Employer-wide (date): _____
Bargaining-Unit Seniority (date): _____
Department (date): _____
Classification (date): _____

SUPERVISOR OR OTHER MANAGEMENT INVOLVED

Name: _____
Department: _____
Job Title: _____



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WITNESSES OR OTHER PERSONS INVOLVED

Name: _____
 Department: _____
 Classification: _____
 Name: _____
 Department: _____
 Classification: _____
 Name: _____
 Department: _____
 Classification: _____
 Name: _____
 Department: _____
 Classification: _____

WHAT HAPPENED? WHAT IS THE GRIEVANCE ABOUT?

(make sure to include all points mentioned on the checklist for each type of grievance)



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WHEN DID THE GRIEVANCE OCCUR?

(date and time grievance began? how often? for how long? is it within time limits to proceed with a grievance?)

WHERE DID THE GRIEVANCE OCCUR?

(exact location – department, machine, aisle, job number, etc; include diagram, sketch or photo if helpful)



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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)



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EMPLOYER CONTENDS:

Employee record of Conduct (Warnings and/or penalties for lateness, absenteeism, quantity or quality of work, etc.)

	Dates	Reasons
Verbal warnings issued:	_____	_____
Verbal warnings issued:	_____	_____
Verbal warnings issued:	_____	_____
Written warnings issued:	_____	_____
Written warnings issued:	_____	_____
Written warnings issued:	_____	_____
Penalties imposed:	_____	_____
Penalties imposed:	_____	_____
Penalties imposed:	_____	_____
Any related information:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____



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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).

Date _____ Signed _____
Witness

Date _____ Signature of Steward _____

Signature of Aggrieved Employee: _____



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CHECK LIST

FOR GRIEVANCE INVESTIGATION, HAVE THESE POINTS BEEN COVERED AND ENTERED ON THE FACT SHEET?

DISCIPLINE AND DISCHARGE

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).

VACATIONS

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 employees involved.

TRANSFER

(Denial of)

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.

HARASSMENT

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, Departmental Head or Co-worker.
6. Identify Witnesses: Co-workers and others.
7. Is this a repeated incident?
8. Has it been drawn to management's attention before?



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OVERTIME

(regular)

1. Date and shift overtime was scheduled.
2. Classification scheduled for overtime.
3. Grievor's classification.
4. Name and classification of employee who worked.
5. The actual work that was performed.
6. Previous record of overtime 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.

IMPROPER LAYOFF

(or Recall)

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.

JOB POSTINGS

(Unsuccessful Applicant)

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 the Grievor.
6. Management's reasons for choosing the successful applicant.

OVERTIME

(Statutory Holidays)

1. Same as regular overtime.
2. Identify Statutory Holidays involved.
3. Verify that Grievor qualified for holiday pay.
4. Verify that Grievor was willing to work.
5. Verify that it was Grievor's turn to work.
6. Verify that supervisor deliberately bypassed Grievor.

SAFETY HAZARDS

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?



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6. What law or rule is violated?
7. Witnesses: Names, etc.
8. Any injuries.
9. Nature of injury.

IMPROPER PAY

(Work Assignment)

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 from supervisor.
6. Grievor's experience and previous jobs.
7. Management's reason for not paying the higher rate.

SUPERVISORS WORKING

1. Name of person doing work.
2. Type of work performed.
3. Amount of time worked.
4. Area where work was done.
5. Greivor's classification.
6. Availability of Grievor.
7. Supervisor's reason for working.

DISMISSAL FOR INNOCENT ABSENTEEISM

1. Grievor's attendance record, including reasons for absences.
2. Likelihood of recovery.
3. Any disability requiring accommodation to the point of undue hardship?

DISCRIMINATION / DUTY TO ACCOMMODATE

1. Any discrimination on a prohibited ground?
2. Has the employer identified or made accommodation(s)?
3. Has the union identified possible accommodation(s)?
4. Effect on other members of bargaining unit by any proposed accommodation(s)?
5. Would the collective agreement be violated by any proposed accommodation(s)?
6. Does employer claim that "undue hardship" would result from proposed accommodation(s)?

Note: *If this is a Discharge or Discipline Case:*

- ─ Did you ask about any previous record, good or bad, long or short?
- ─ Did you probe any extenuating circumstances, including personal problems of grievor?
- ─ Did you ask about the personal character of all people involved?
- ─ Did you discuss the consequences of the penalty?
- ─ Did you consider whether or not the punishment fits the crime?
- ─ Did you advise the grievor to seek employment while waiting?



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MEETINGS HELD AND DISPOSITION OF GRIEVANCE

STEP 1 (Level of Management Involved)

Date: _____

PERSONS PRESENT

OUTCOME

Signed _____

STEP 2 (Level of Management Involved): _____

Date: _____

PERSONS PRESENT



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OUTCOME

Signed _____

STEP 3 (Level of Management Involved): _____

Date: _____

PERSONS PRESENT

OUTCOME

Signed _____



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STEP 4 (Level of Management Involved): _____

Date: _____

PERSONS PRESENT

OUTCOME

Signed _____