

# Union Fact Sheet

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**Note:** This document is for internal HEU use. This form is not submitted to the employer.

**RJH Local**

<b>Grievance Number:</b>	
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## Who is involved in the grievance?

<b>Griever</b>			
Name		Department	
Job Status		Wage Rate	
Seniority (date)	---		
How long in present position (date)			
<b>Supervisor or Other Party Involved</b>			
Name			
Department		Job Title	

## What happened?

<i>Explain the circumstances that lead to your grievance.</i>

## How did it impact you?

<i>What affect did this situation have on you? What can we do to help?</i>

### When did the grievance occur?

*Date and timeline of the incident; important dates and times*

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### Where did the grievance occur?

*Department / Physical Location*

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### What Article or right was violated?

*Article of the Collective Agreement, Human Right or Labor Code violated. Past practice, safety regulations, rulings/awards, unjust treatment.*

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### What would redress this grievance?

*Remedy needed to completely correct the situation (if discharge – backpay, etc.)*

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### What can we do to organize around this issue (if applicable)?

*In the area, department, local and/or our community.*

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### Griever's Record of Discipline (if any)

*Warnings and/or penalties for lateness, absenteeism, quality or quantity of work, etc. State dates and reasons.*

Verbal warnings issued	
Written warnings issued	
Suspensions issued	
Any related information	

Indicate whether previous warnings/suspensions were grieved.

## Witness or Other Person Involved

### First Witness

Name					
Department					
Job Status		Tel (h)		Tel (w)	
Email address				Tel (c)	
Address					

### Second Witness

Name					
Department					
Job Status		Tel (h)		Tel (w)	
Email address				Tel (c)	
Address					

## Information given by Witnesses

<i>Print name of each witness following by summary of what each saw and heard. Get a signed statement if necessary</i>

## Documentary Evidence or related materials

<i>Example: Seniority list, wage schedule, personnel file documentation, record of similar grievance, etc.</i>

## Employer's Position

*To be completed after Step 1 Meeting*

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Date

Signature

*Steward or Committee Member*