

LOCAL 199 - GRIEVANCE INVESTIGATION FORM

(For Union Use Only)

General Information

Company			Dept.
Date M/D/Y	/ /	Time	Shift
		<input type="checkbox"/> am <input type="checkbox"/> pm	
Name Shop Rep		Phone () -	Pager/Cell () -
Name Committee Person		Phone () -	Pager /Cell () -
E Mail of Committee Person			
Name of Griever		Classification	Rate Pay
Social Insurance Number (If Required)		Seniority Date / /	
Home Phone of Griever () -		Cell Phone of Griever () -	
E Mail of Griever			
Supervisor of Griever		Phone () -	
E Mail of Supervisor			

What Happened

(When, Where, Who, What, Why)

Notes

Company Position

Relevant Background (History)

Name Witnesses 1

Phone

Classification

() -

Witnesses 2

() -

Witnesses 3

() -

Contractual Language Violated

Local	Master	Page Number	Article/ Para.	Description
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Labour Law Violated

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Desired Corrective Action

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FIRST STEP - Managements 1st Response

Time	Date
Who Responded	Title
Phone () -	
Response	

SECOND STEP - Managements 2nd Response

Time	Date
Who Responded	Title
Phone () -	
Response	

THIRD STEP - APPEAL FILED TO LR

Time	Date
Name	Title
Phone () -	
Response	

UNION REP's CHECK LIST

		Yes	No	
1	Talked to grievor			
2	Talked to Witnesses			
3	Talked with Supervisor			
4	Separated facts from opinion			
5	Identified the 5 W's – Who, What, Where, When and Why			
6	Identified contractual violations			
7	Discussed situation with other union reps			
8	Determined if this has occurred before			
9	Accessed members personnel record			
10	Completed grievance investigation work sheet			
11	Explained process to Griever who understands process			
12	Filed grievance			
13	Informed grievor of managements 1 st response			

For assistance with grievances please contact the union hall

Phone 905-682-2611
 FAX 905-682-9393