

PART 1 - WHO

A. THE UNION REPRESENTATIVE

This is the person completing this fact sheet.

Name:	
Work address:	
	Postal Code:
Home address:	
	Postal Code:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Home e-mail:	Work e-mail:

B. THE GRIEVOR

If there is more than one grievor, attach a list with name, address, etc. for each)

Name:	
Work address:	
	Postal Code:
Home address:	
	Postal Code:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Home e-mail:	Work e-mail:
Bargaining Unit:	Classification:
Employer:	Branch or Section

C. EMPLOYER REPRESENTATIVE OR SUPERVISOR

Name:	Title:
Address:	
	Postal Code:

B. List any documents that relate to this grievance. Indicate when they were received or sent by the grievor or the Union.

PART 3 - WHY

Explain why this is a grievance. Include the article of the collective agreement or section of the legislation, if applicable.

PART 4 - WANT

This is the corrective action requested. It should aim to place the grievor in exactly the same position in which he or she would have been, had the incident not occurred. An important phrase to include is “that the grievor be made whole.”

PART 5 – TIME LIMITS

Know your time limits (e.g. see clause 18 of the PA collective agreement.)

Date of incident:	Deadline for filing a grievance is:
Date the grievance was filed:	Deadline for employer to respond:
	Date for transmittal to the next level:

PART 6 – WHAT NOW?

When completed, keep this document on the Local’s grievance file. Refer to it when completing the Grievance Form. Be sure to provide a copy of it to the Union Officers who represent this member at other levels of the grievance procedure such as the Regional Vice-president (level 3) and the GSU National Office Union Representative (level 4.)

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