

Potential Grievance - Interview with Grievor/Fact sheet

(To be completed by the Steward)

Grievor's Data - Please complete, circle and check as appropriate

Grievor's Name : _____ Home Phone : _____

Worksite : _____ Cell Phone : _____

Unit : _____ BCNU # (if known) _____ Email : _____

Current Job Title : Care aide LPN RPN RN Other

Current Status : FT PT Casual Other How long have you been in this position? _____

Immediate supervisor's name : _____ Title : _____

Brief educational/work history (attach resume) _____

What issue(s) is in dispute? _____

Who may be affected? (example - selection grievance)

Name : _____ Unit : _____ Job title : _____

Connection to issue : _____

Name : _____ Unit : _____ Job title : _____

Connection to issue : _____

Witnesses (if applicable)

Name : _____ Unit : _____ Job title : _____

Connection to issue : _____

Name : _____ Unit : _____ Job title : _____

Connection to issue : _____

Step 1 (Ask member to provide the following details of Step 1 grievance procedure)

Did you talk to the immediate supervisor about this issue? YES NO Date : _____

Was anyone else at this meeting (please provide names) _____

What did you say to try to get this resolved and what was your supervisor's response?

Did you or management document (letters, notes, minutes) this meeting? YES NO

(If yes, provide copies with this sheet)

Were there any investigative meetings? YES NO Explain : _____

(If yes, please provide copies of notes/minutes)

Have you had any other problems at work? YES NO Explain : _____

What would a resolution of this grievance look like? Name as many concrete solutions as possible.

Would other BCNU members be affected by this *resolution*? YES NO

Steward Note: Obtain written permission to access grievor's personnel file.

Has file been requested? YES NO (*If no then please do so*)

Next Steps / Action Plan:

Name of Steward : _____ Date : _____

Please print