

STEWARD FACTSHEET

Public Service Alliance of Canada

1. WHO

A. UNION REPRESENTATIVE (Who completed the factsheet)

Name

Home Address:

Work Address:

Phone Home

Work

Fax Home

Work

Email Home

Work

Component

Local No.

B. GRIEVOR(S)/COMPLAINANTS

(If more than one, attach list with name, address, phone no. for each)

Name (in full)

Home Address:

Work Address:

Phone Home

Work

Fax Home

Work

Bargaining Unit

Classification:

Employer or Department:

Branch

C. EMPLOYER REPRESENTATIVE OR IMMEDIATE SUPERVISOR

Name:

Title:

Address:

2. FACTS OF THE COMPLAINT OR GRIEVANCE

A. The minimum required here is:

WHEN the act or omission occurred (times and dates). **WHERE** it occurred (exact location, department and section) and **WHAT** occurred.

B. List any pertinent documents, and when received or dispatched by grievor or Union.

3. WHY IS THIS CONSIDERED TO BE A COMPLAINT OR GRIEVANCE?

Include the ARTICLE of the collective agreement or SECTION of the legislation if applicable.

4. WANT (CORRECTIVE ACTION REQUESTED)

Should place the complainants or grievors in exactly the same position in which they would have been, had the incident not occurred. (DO NOT FORGET TO REQUEST THAT THE GRIEVOR BE MADE WHOLE).

5. TIME LIMITS

Date of incident

1. Deadline for filing grievance/complaint
2. Date filed
3. Deadline for reply
4. Date reply received
5. Deadline for transmittal to next level
6. Date transmitted to next level