



# Shop Steward Fact Sheet

The PSAC encourages, when possible, resolving an issue at the source – with the affected parties and as early as possible.

Should an early resolution not be achieved, a complete case file is required in order to facilitate effective representation. Please use this fact sheet to collect information on the issue or problem. This will help you ensure that the grievance process and timeframes have been respected.

## A. THE PARTIES

### 1. Union Representative (Who completed the fact sheet)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \* \_\_\_\_\_ Email: \* \_\_\_\_\_

Component/DCL: \_\_\_\_\_ Local: \_\_\_\_\_

### 2. Grievor(s)/Complainant(s) (If more than one, attach list with name, address, etc for each)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \* \_\_\_\_\_ Email: \* \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_ Classification: \_\_\_\_\_

Employer or Department: \_\_\_\_\_ Branch or Section: \_\_\_\_\_

\* Please note that the employer can access your communications, whether by email or fax. Also, email traffic might fall under the "use of employer facilities" policies and could be disclosed through an access to information request.

## A. THE PARTIES

### 3. Employer Representative or Immediate Supervisor

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

What is relation to grievor/complainant?: \_\_\_\_\_

## B. FACTS OF THE COMPLAINT OR GRIEVANCE

**Why is this considered to be a complaint or grievance?** Include the article of the collective agreement or section of the legislation, if applicable.

**Details Please.** Please provide details of the complaint or grievance and attach a chronology of events if necessary.

**a) What** occurred?

**b) When** did the act or omission occur (times and dates)?

**c) Where** did it occur (location, department and section)?

**d) Who** is involved (other than witnesses)?

**e) Any related documents** (provide title, source, when received)?

### Want (Corrective action requested)

This should place the complainant(s) or grievor(s) in the same position in which they would have been, had the incident not occurred. (Do not forget to request that the grievor(s) be made whole).

If there are human rights related grounds associated with this complaint or grievance, please ensure you provide details.

## C. WITNESS(ES)

(If more than one, attach a list with details for each)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email:\* \_\_\_\_\_

☐ Union Witness ☐ Employer Witness | ☐ Provided Statement |

Willing to testify: ☐ Yes ☐ No ☐ Unknown

## D. TIME LIMITS

1. Date of incident: \_\_\_\_\_

2. Deadline for filing grievance/complaint: \_\_\_\_\_

3. Date filed: \_\_\_\_\_

4. Deadline for reply: \_\_\_\_\_

5. Date reply received: \_\_\_\_\_

6. Deadline for transmittal to next level: \_\_\_\_\_

7. Date transmitted to next level: \_\_\_\_\_



## E. EXTENSION OF TIME

Please provide details if extensions were requested/received at any level of the grievance procedure and attach supporting documentation.

## F. COMMUNICATION WITH COMPONENT/DIRECTLY CHARTERED LOCAL (DCL)

**COMPONENT LOCALS** must ensure they provide details regarding replies to grievances and transmittals to their Component.

**DIRECTLY CHARTERED LOCALS (DCLS)** must ensure they provide details regarding replies to grievances and transmittals to their PSAC Regional Office.

## G. GRIEVANCE FILE CHECKLIST

### ATTACHMENTS

	YES	NO	N/A
Copy of legible grievance form (retype wording and attach if not legible) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of legible transmittal form (level 2) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of legible transmittal form (other levels) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreement(s) to extend time limits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referral notice or form (arbitration/adjudication).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (level 1) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (level 2) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's response (other levels) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outline of arguments presented at all levels of the grievance hearing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of jurisprudence cited at all grievance hearings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed Steward Fact sheet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy/summary of any settlement offers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with grievor (dates and brief summary) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all pertinent documents in chronological order (attach a list) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATIONS FOR BOXES CHECKED "NO" OR COMMENTS:

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