

**ONA Grievance Fact Sheet**  
**Part One**

**To be completed by the Grievor and  
Submitted to the Grievance Chair or Bargaining Unit President.**

**Please fill in all information completely**

Local #: \_\_\_\_\_ Employer: \_\_\_\_\_

Grievor's Name: \_\_\_\_\_ FT ☐ Regular PT ☐ Casual PT ☐

Job Title: RN ☐ RPN ☐ Allied ☐ – Explain: \_\_\_\_\_

Your ONA Member ID Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Seniority: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone and extension: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_

Date the Issue/Grievance occurred \_\_\_\_\_

**Facts of the Event/Occurrence**

Please tell us in your words your story about the issue, to help us understand the situation. Include facts such as the six W's (Who was involved, What happened, When did it happen, Where did it happen, Why do you believe it is a grievance, What resolution do you want?):

Note: you may append any required documents to this Fact Sheet.

You may wish to complete this part of the form with the assistance of the Grievance Chair or Bargaining Unit President as soon as possible after the issue occurred that has given rise to this grievance.

(Boxes will expand as you type)

Who is involved?

What happened?

When did it happen [chronological order of events with date(s) and time(s)]?

Where did it happen (place)?

Why do you believe you have a grievance? Include Collective Agreement Articles violated.

What resolution do you want?

Have you completed and included the relevant questionnaire (provided by your Bargaining Unit Representative)?

Yes ☐ No ☐

Please indicate which Questionnaire(s) you have completed, if any.

Please indicate what additional documents you are providing.

**Meetings**

Have you discussed this with your immediate supervisor (Verbal Step) - complaint to immediate supervisor?

Yes ☐ No ☐

If yes, please provide the date that you raised this issue/complaint with your immediate supervisor.

Name of Supervisor:              Date:

Please provide a summary of the discussion with your immediate supervisor. Attach any email or other written documentation related to the meeting with you immediate supervisor.

Grievance Fact Sheet completed by, (if other than the Grievor).

Date Completed: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Remember: You can never provide too many details.  
Retain a copy for Grievance Committee.**