# 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:				

#### D. WITNESSES

1)	Name:			
	Address			
	Phone		Union Witness	Employer Witness
	Provided statement Willing to testify	Yes	No	Unknown
2)	Name:			
	Address			
	Phone		Union Witness	Employer Witness
	Provided statement Willing to testify	Yes	No	Unknown
3)	Name:			
	Address			
	Phone		Union Witness	Employer Witness
	Provided statement Willing to testify	Yes	No	Unknown
4)	Name:			
	Address			
	Phone		Union Witness	Employer Witness
	Provided statement Willing to testify	Yes	No	Unknown

List names, addresses and telephone numbers of any additional witnesses on a separate sheet, indicating whether for the grievor or management.

## 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