

## Manitoba Nurses Union Grievance Investigation Fact Sheet

The Fact Sheet is designed to assist you in gathering the information needed when investigating a potential grievance. It is in the best interests of our members and the union to try to find an agreeable solution to a workplace problem. When we have the facts and accurate details, we are in a better position to persuade managers to change their opinion, plans or actions.

The information you gather in this Fact Sheet is CONFIDENTIAL within the MNU; it may be shared with trusted MNU representatives.

If the matter in dispute cannot be resolved, there may be grounds for proceeding to a grievance to resolve the matter.

The definition of a grievance in MNU Collective Agreements reads as follows:

*Grievance shall mean a dispute between a nurse; or between a group of nurses with a similar grievance; or between the Union and the Employer regarding the application, interpretation, or alleged violation of this agreement.*

What this means, in plain language, is that an MNU member cannot grieve against another MNU member. That does not mean that we will not help if there is a workplace dispute between our members; it just means using the grievance process must be directed at the Employer who failed to take appropriate action.

Your LRO will send you the grievance forms, please record the following information for our records:

Date Discussion Submitted \_\_\_\_\_ Employer Response \_\_\_\_\_

Date Step One Submitted \_\_\_\_\_ Employer Response \_\_\_\_\_

Date Step Two Submitted \_\_\_\_\_ Employer Response \_\_\_\_\_

## Who Is the Grievor

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

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

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Email (personal): \_\_\_\_\_

Employment Status: FT \_\_\_\_\_ PT \_\_\_\_\_ Casual \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Work Unit/Site: \_\_\_\_\_

Nursing Manager: \_\_\_\_\_

## Who Else was Involved (Witnesses, co-workers)

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

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

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

E-Mail: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

E-Mail: \_\_\_\_\_

**What Happened -** (Using the member's own words state what the person is disputing.)

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**When Did the Dispute Occur –** (Include when did the member(s) first become aware of the problem. Is the issue within the time limits?)

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**Where Did the Dispute Occur** (The unit, room, etc...)

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**Why is this a Dispute** (Which article in the Collective Agreement was violated, past practice, new policy?)

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What Additional Documentation is Needed- (Personnel file, pay stubs, schedules, memos, employer policies, resumes, performance appraisals etc...)

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What Redress is the Member Looking For- (Can the situation be fully corrected?)

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**Additional Notes**

- If grievor terminated, advise them to seek alternate employment while waiting.
- Suggest EAP services, if appropriate.
- Probe for any extenuating circumstances in this case.
- Ask the grievor if they are experiencing any personal problems which might mitigate the employer's decision.