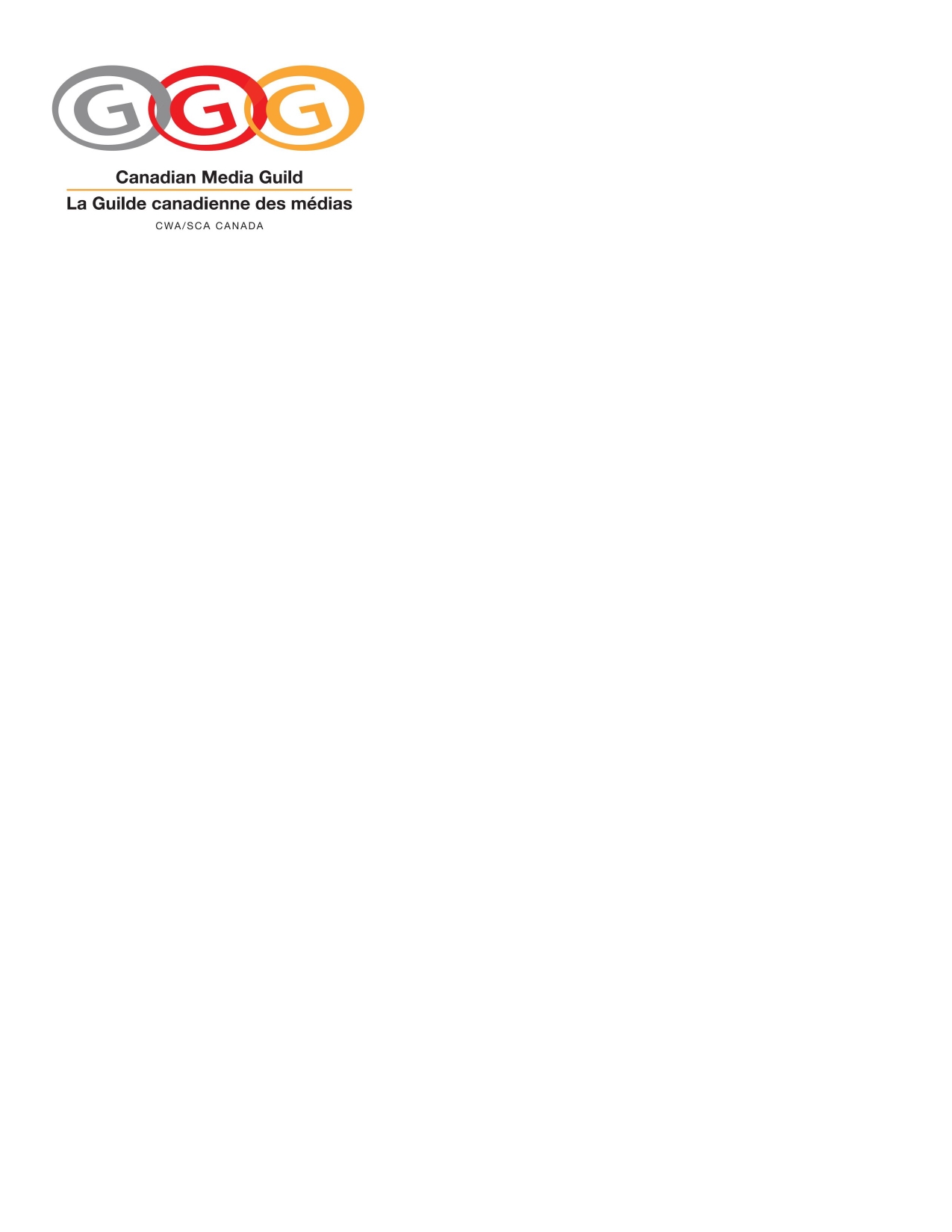
**Member Fact Sheet**



**The CMG encourages, when possible, resolving and 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 effec-**

**tive representation. Please use this fact sheet to collect information on the issue or problem. It may be turned into a formal grievance after analysis.**

**A. The Parties**

**1.**









**2.**















**3.**







**Union Representative**

**Name**:

**Phone (work)**:  **(cell)**:

**Email**:

**Branch**: **Location**:

**Member** :

**Name**:

**Home Address**

**Work Address**

**Phone: (home): (cell)**

**Email**

**Branch**  **Location** **Employer**  **Band (Job Title)**

**Employer Representative**

**Name:**  **Title**

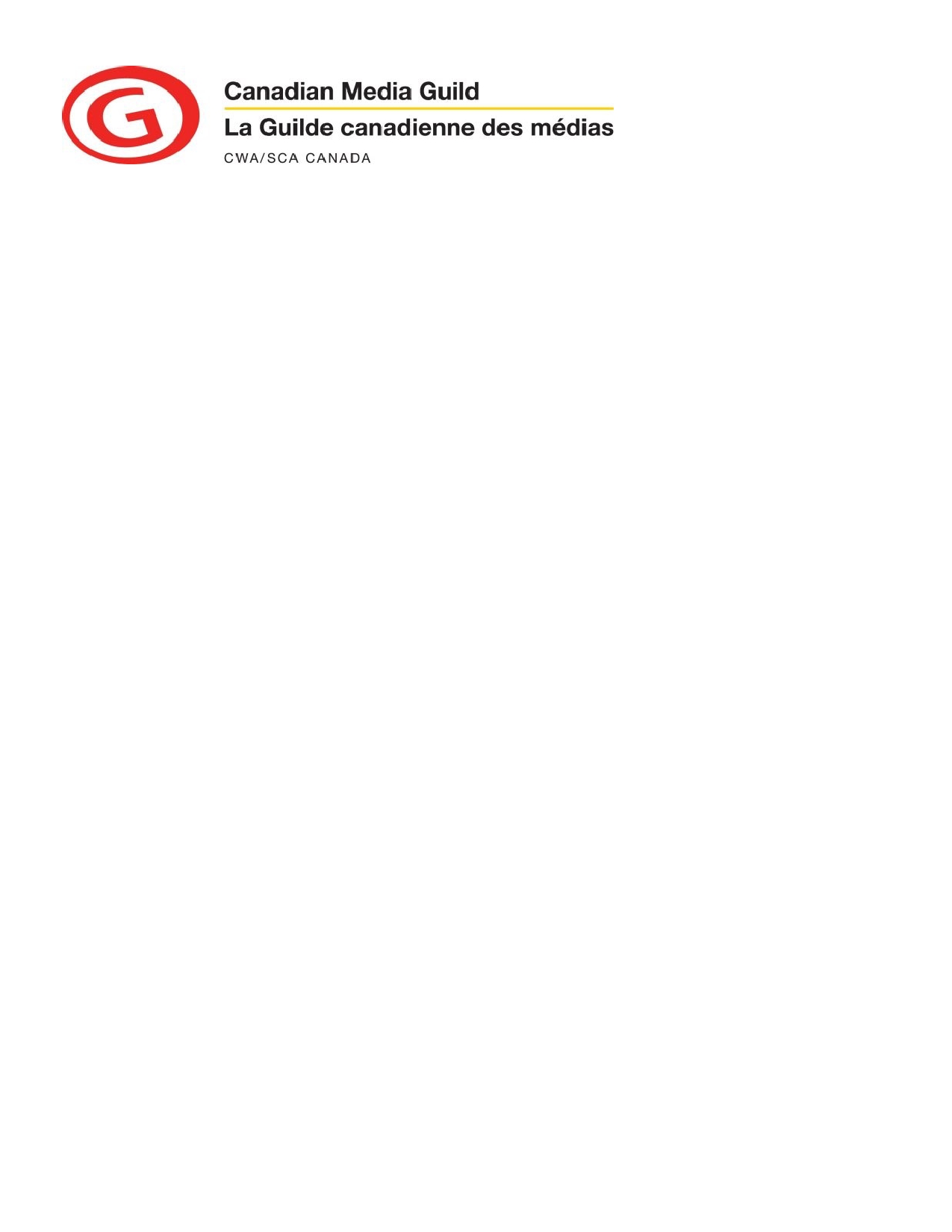
**Telephone** **Email**

**What is relation to the member:**

\*\**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*

**B. Facts**



**Why is this considered to be an issue?** Include the Article(s) of the collective agreement

or section of the legislation, if known.

**Details Please.** Please provide details of the issue and describe the 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 Documentation (**provide title, source, when received)?

**Want (Corrective action required)**

**If there are human rights related grounds** associated with this issue, please ensure you provide details for analysis

**C. Witness(es):**