

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

## Local Information

Facility/Agency Name \_\_\_\_\_ Local # \_\_\_\_\_  
Prepared By \_\_\_\_\_ Position \_\_\_\_\_  
Contact Information Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Member Information

Name (Last, First) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Status (FT, PT, Cas, etc) \_\_\_\_\_ Unit \_\_\_\_\_

## Out-of-Scope Manager/Supervisor

Name (Last, First) \_\_\_\_\_ Designation \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Witness(es)

Name (Last, First)	Designation	Phone	Email
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

## Facts of the Issues

### Violation

- Breach of Collective Agreement  
*Article(s)* \_\_\_\_\_
- Breach or change in application of Employer policy/procedure
- Violation of member rights
- Other: \_\_\_\_\_

**Informal Discussion/Meeting**

Date \_\_\_\_\_ Time \_\_\_\_\_

Attendees \_\_\_\_\_

Method  Phone call  Face-to-face

**Notes**

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**Resolution** (if reached)

**Local Representative** *(in attendance)*

Name (print) \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

**SUN Member** *(if in attendance)*

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

**Personnel File Review**

Performance Expectation \_\_\_\_\_

Discipline Imposed \_\_\_\_\_

**Date** \_\_\_\_\_

**Reason** \_\_\_\_\_

\_\_\_\_\_