

SUN Member Issues Investigation Form

Local #	Facility/Agency:	Site/Unit:
SUN Members involved		
Name _____		
Phone # _____		
Member Status _____		
Date & Time of Issue	Shift Affected (if applicable)	
Synopsis of issue presented or concerns raised		

Applicable Shift Details (eg: notice of shift cancellation, scheduling of shift, etc)

Applicable Past Practice	Possible Discipline?
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Yes No
 N/A Unsure

Was 9.03 activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ongoing/Trending Issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	N/A <input type="checkbox"/>	Breach of Practice Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Meetings* conducted to date	Minutes Attached?	Documentation/Evidence Collected
_____	<input type="checkbox"/>	<input type="checkbox"/> Witness investigation notes
_____	<input type="checkbox"/>	<input type="checkbox"/> Personnel file information
_____	<input type="checkbox"/>	<input type="checkbox"/> Relevant documented communication <i>(eg: emails, communication book, etc)</i>
_____	<input type="checkbox"/>	<input type="checkbox"/> Communication with professional assoc.
_____	<input type="checkbox"/>	<input type="checkbox"/> Relevant Employer policies
_____	<input type="checkbox"/>	<input type="checkbox"/> Relevant forms <i>(eg: leave requests, OT requests, assignment sheets, etc)</i>

**including relevant/applicable member, Employer, JUMM or NAC meetings issue was discussed*

Resolution Sought by Member
<input type="checkbox"/> Notice of Successful Applicant <input type="checkbox"/> Letters of Appointment <input type="checkbox"/> Master Rotations <input type="checkbox"/> Seniority Lists <input type="checkbox"/> Casual Call-in Logs <input type="checkbox"/> Payroll/Benefits Records <i>(eg: paystubs, approve leave forms, etc)</i> <input type="checkbox"/> Relevant WSRs filed (unresolved) <input type="checkbox"/> Relevant previously settled disputes and/or resolved or withdrawn WSRs <input type="checkbox"/> Evidence corroborating member concerns

Additional Notes/Supporting Information