



VIOLENCE AT WORK: IT'S **NOT** PART OF THE JOB!

Action Memo

Date: March 27, 2008

To: All stewards in Community Services bargaining units in Region 3

From: Deborah Gordon, Chair, Community Services Divisional Council

Re: Workshop: Acting together against workplace violence
Friday, May 9
8:30 a.m. – 4: 30 p.m.
Best Western Otonabee Inn, 84 Lansdowne St. East (Ashburnhim Rd and River Rd South)
Meeting room: Rogers Room

Dear sisters/brothers:

As we told you earlier this year, the Community Services Divisional Council has launched a campaign to end workplace violence. The campaign involves members in developmental services, children's aid societies, BPS corrections, community agencies, child and family services, child care, and child treatment centres.

We're organizing workshops, one per OPSEU region, to talk about how we can use our rights under the Occupational Health and Safety Act (OHSA) to mobilize collectively in our workplaces to challenge workplace violence.

The workshop will have the following elements:

- Sharing our experience of violence and reflecting on the risk factors, hazards and systemic issues that contribute to it;
- Presenting the findings of recent studies, including the telephone survey done by OPSEU;
- Learning how to use our rights to know and participate under OHSA to enforce a safe workplace;
- Practising writing effective recommendations as Joint Health and Safety Committees and worker health and safety representatives; and
- Developing collective strategies in the workplace to get action from employers and the provincial government on workplace violence.

A maximum of two members can come from each Community Services bargaining unit in Region 3. We suggest one is an LEC member and one is from the JHSC or is a worker health and safety representative.

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Please fill out the enclosed Attendance and Advance form. **Please fax it to us ASAP but no later than Tuesday, April 8 to (416) 443-1762** so we can give your employers the four weeks notice of time off that many of them require.

If you have any questions, please contact Nadia Shahabun at (416) 443-8888 ext. 8675

Thank you in advance for participating in the workshop as we mobilize to get employers and the provincial government to act against workplace violence.

In solidarity,

A handwritten signature in black ink, appearing to read 'Deborah Gordon', written in a cursive style.

Deborah Gordon
Chair, Community Services Divisional Council

cc: OPSEU Executive Board members, Region 3, Community Services Divisional Council, local service representatives, local services supervisor Region 3, BPS supervisor

RETURN
BY APRIL 8

Workshop: Acting together against workplace violence.
ATTENDANCE AND ADVANCE FORM Region 3

RETURN
BY APRIL 8

LOCAL: _____ SIN/UNION NO. _____

NAME: _____

MAILING ADDRESS _____

TELEPHONE: (home): _____ (work) _____

EMAIL ADDRESS: _____

TYPE OF MEETING

DATE

LOCATION/HOTEL

Violence in the Workplace Campaign May 9, 2008 Best Western Ontonabee, 84 Lansdowne St. E.

Members living within 60 kms. of Toronto are not entitled to a room.

Accommodation will be available at the Best Western Ontonabee, 84 Lansdowne St. E.

Members will be reimbursed for the cost of a twin-shared room as per OPSEU policy.

Accommodations are to be paid for by member and claimed back on the expense form provided at the meeting.

A rooming list will be prepared by Head Office. If there is another member you have arranged to share with please indicate member name. _____

I would like a single room (\$150.00) _____ I would like to share a room (\$75.00) _____

TIME OFF IF TIME OFF is allowed under the applicable article of your Collective Agreement for the above-noted meeting, OPSEU will arrange on your behalf, leave from duty.

REQUIRED? YES NO DATES: _____

If yes, please fill in the following information:

Employer: _____

Attention: _____ Title/Position _____

Address _____ City _____ Postal Code _____

Fax # _____

ADVANCE required prior to meeting: YES NO CONVENOR: _____

AMOUNT \$ _____ Do you want it mailed to your home _____ Delivered to the meeting _____

FOR ACCOMMODATIONS, TIME OFF AND ADVANCE REQUESTS; PLEASE FAX THIS FORM TO NADIA SHAHABUN AT 416 443 1762 NO LATER THAN TUESDAY APRIL 8.

For claimable expenses refer to instructions for travel expenses as outlined on the Travel Expense Form.

OFFICE USE ONLY:
Date: _____ O/S _____

Personal Assistance and/or Special Needs request form

PLEASE PRINT

NAME _____

LOCAL _____

IF APPLICABLE, PLEASE FILL IN AND RETURN TO NADIA SHAHABUN ALONG WITH YOUR ATTENDANCE/ADVANCE FORM.

Email: nshahabun@opseu.org

Fax: 416 443 1762

- Blind or visually impaired
- Deaf or hearing impaired
- Wheelchair hub to hub measures: _____cm
- I use crutches and need to be near an elevator
- I will need assistance evacuating my room
- Food allergies (please specify) _____
- Vegetarian

Please specify any other requirements: _____
