



DISCRIMINATION/HARASSMENT GRIEVANCE CHECKLIST

GRIEVOR NAME: _____ LOCAL CONTACT: _____

Please indicate the nature of the grievance:

- Sexual Harassment
- Discrimination based on prohibited grounds (race, gender, sexual orientation, religion, etc.)
- Discrimination based on Union activity
- Failure to accommodate (illness, disability, pregnancy, etc.)

Have you included:

- Investigation information (completed or not, WDHP report?)
- Details of the accommodation needed where appropriate
- Medical reports if available and relevant
- All employer replies to the Union
- A clear chronology of events leading to the grievance
- Clear details about the allegations if a harassment/discrimination issue
- Name and phone numbers for relevant contact persons

Employer's stated position:

Union's stated position:

Any settlement proposed? By whom?