



FORM XV: Referral of Grievance Under Section 130 of the Act

The Labour Relations Act

The undersigned HEREBY REFERS a Grievance to the Manitoba Labour Board pursuant to:

- (a) subsection 130(1) of the Act (bargaining agent); or
- (b) subsection 130(2) of the Act (employer).

The undersigned submits the following information in support of the Referral:

1. Employer

Employer name:

Name and title of Employer's Office, Official or Agent having knowledge of matters stated:

2. Union

Union name:

Name and title of Union's Office, Official or Agent having knowledge of matters stated:

3. Grievor (if applicable)

Grievor Name:

Grievor mailing address:

Grievor email address:

Grievor phone:

4. Nature of Grievance

Dismissal

Suspension Exceeding 30 days

Other (Please specify)

5. Collective Agreement

Commencement:

Expiry:

the Employer and Bargaining Agent entered into a Collective Agreement. Copy attached:

6. Filing of Grievance

The grievance was first brought to the attention of

(name)

on behalf of the grievor on

(date)

7. Was the Grievance Procedure under the Collective Agreement exhausted?

No

Yes, on:

(date)

8. Grievance Steps

The following steps have been taken in the grievance procedure under the collective agreement (include date and description):

Step One Description: _____ Date: _____

Step Two Description: _____ Date: _____

Step Three Description: _____ Date: _____

Further Steps and additional details (if any) can be detailed on a separate page.

9. Referral Expiration Date

The time stipulation in or permitted under the collective agreement for referring the grievance to arbitration expires on

(date)

10. Accepted Arbitrators

The list of accepted Arbitrators in the Collective Agreement, if any, are:

The last Arbitrator appointed through the provisions of the Collective Agreement was:

11. Additional Information

Please attach the full text of the grievance to be arbitrated, the full text of the reply to the grievance to be arbitrated (if available), a copy of the Collective Agreement, other relevant information, and the names and contact information of other persons interested or affected by the subject of the request.

12. Applicant Information

This Application for a Referral of a Grievance has been made on _____ by _____

(Name and Title of Official or Agent making Referral)

(signature)

Certificate of Service

A completed copy of this Referral has been provided to the other party on:

Provided to:

Delivery method: _____ Address: _____

Served by:

(signature)