## ProvMB Logo_clr

## MANITOBA LABOUR BOARD

## Suite 500, 5th Floor - 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8

**T** 204 945-2089  **F** 204 945-1296

[www.manitoba.ca/labour/labbrd](http://www.manitoba.ca/labour/labbrd)

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

## THE LABOUR RELATIONS ACT

**BETWEEN:**

**Employer,**

**- and -**

**Union.**

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

1. **subsection 130(1) of the Act 🞏 ; or (bargaining agent)**
2. **subsection 130(2) of the Act 🞏 ; (employer)**

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

**1. (a) Name of Employer:**

1. **Address of Employer:**
2. **Name and Title of Employer’s Office, Official or Agent having knowledge of matters stated:**
3. **Telephone Number of Employer: Facsimile Number:**

**2. (a) Name of Union:**

1. **Address of Union:**
2. **Name and Title of Union’s Officer or Agent having knowledge of matters stated:**

**(d) Telephone Number of Union: Facsimile Number:**

1. **Name, Address and Telephone Number of Grievor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Revised May, 2016

**4. Nature of Grievance being referred is as follows:**

###### **Dismissal 🞏**

**(b) Suspension exceeding 30 days 🞏**

**(c) other 🞏 Please specify:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. A Collective Agreement was entered into by the Employer and the Bargaining Agent for a period of months, commencing the day of 20 .**

**(Three copies are attached.)**

1. **The Grievance was first brought to the attention of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(name of official)**

**on behalf of the Employer/Union on the day of , 20 .**

1. **The following steps have been taken in the grievance procedure under the collective agreement, and date completed:**

**Date Completed**

**Step 1**

**Step 2**

**Step 3**

**Further steps (if any)**

1. **The grievance procedure under the collective agreement was exhausted on the day of**

**, 20 ;**

**or**

**The grievance procedure under the collective agreement has not been exhausted.**

**9. The time stipulation in or permitted under the collective agreement for referring the grievance to arbitration expires on the day of , 20 .**

1. **Does your Collective Agreement contain a list of accepted Arbitrators? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, please name individuals in the order they appear in the collective agreement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Who was the last Arbitrator appointed through the provisions of the Collective Agreement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised May, 2016

**11. The full text of the grievance to be arbitrated is attached, in triplicate.**

**12. The full text of the reply to the grievance to be arbitrated is attached, in triplicate.**

1. **Other relevant information is:**

**(Set out or attached any other relevant information, correspondence, etc. , in triplicate.)**

**14. The names and addresses of other persons interested in or affected by the subject of this request are as follows (if any);**

**DATED at this day of , 20 .**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Name of Employer/Union making referral**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Officer, Official or Agent making referral**

**CERTIFICATE OF SERVICE**

**\*I certify that a completed copy of this Referral has been delivered personally or mailed by certified or registered mail to the other party as follows on the day of 20 .**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Officer, Official or Agent to Whom it Was Delivered**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Employer/Union of Above**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address at Which it Was Delivered**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised May, 2016