



**MANITOBA LABOUR BOARD**

Suite 500, 5<sup>th</sup> Floor - 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8

T 204 945-2089 F 204 945-1296

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**

**(a) subsection 130(1) of the Act  ; or (bargaining agent)**

**(b) subsection 130(2) of the Act  ; (employer)**

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

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

**(b) Address of Employer:**

**(c) Name and Title of Employer's Office, Official or Agent having knowledge of matters stated:**

**(d) Telephone Number of Employer:**

**Facsimile Number:**

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

**(b) Address of Union:**

**(c) Name and Title of Union's Officer or Agent having knowledge of matters stated:**

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

**Facsimile Number:**

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

---

---

---

4. Nature of Grievance being referred is as follows:

- (a) Dismissal
- (b) Suspension exceeding 30 days
- (c) other  Please specify:

---



---

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.)

6. The Grievance was first brought to the attention of \_\_\_\_\_  
(name of official)  
on behalf of the Employer/Union on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

7. 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)

8. 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\_\_\_\_ .

10. Does your Collective Agreement contain a list of accepted Arbitrators? \_\_\_\_\_  
If so, please name individuals in the order they appear in the collective agreement:

---



---

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

---

- 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.
- 13. 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: \_\_\_\_\_