



GRIEVANCE/COMPLAINT #: BELL CRAFT-ON-2024-001

LOCAL #: NATIONAL POLICY BARGAINING UNIT: Bell Canada (Craft & Services)

NAME OF GRIEVOR(S): **Clayton Nunn, National Representative on behalf of Unifor**

OCCUPATION OF GRIEVOR(S): _____ DEPARTMENT: _____

LEVEL 1 MANAGER'S NAME: _____ ADDRESS: _____

DATE OF THE EVENT GIVING RISE TO THE GRIEVANCE OR COMPLAINT: **ONGOING**

NATURE OF THE GRIEVANCE OR COMPLAINT (INCLUDING LOSS OR DETRIMENT SUFFERED):

Whereas the Company's actions of denying rightful payment of benefits, altering its benefits plan, and neglecting to offer adequate coverage as stipulated in the benefits plan for a recognized mental health disorder, without seeking agreement or consultation with the union, are viewed by the Union and its Locals as a breach of the collective agreement.

FOR GRIEVANCES, STATE CONTRACT CLAUSE(S) ALLEGED TO HAVE BEEN VIOLATED:

The Union alleges that the Company is in violation of the Collective Agreement, and in particular, but not limited to, Article 8, Article 25 and all other relevant clauses of the CBA.

SETTLEMENT DESIRED:

The Company to provide full reimbursement to all affected employees and/or Locals for the expenses related to mental health and addiction treatment covered by the company to support the individuals in their recovery process. This reimbursement should include any settlements determined to be appropriate by the Union or decided upon by an arbitrator. Full Redress

UNION STEWARD: _____

SIGNATURE OF GRIEVOR(S): Clayton Nunn

DATE: **May 2nd 2024**

MANAGER'S SIGNATURE UPON RECEIPT: _____ DATE: _____

STEP 1:

DATE MANAGER ADVISED OF GRIEVANCE: _____ DATE DECISION RENDERED: _____

UNION REP.: _____ MANAGEMENT REP.: _____

STEP2:

DATE MANAGER ADVISED OF GRIEVANCE: _____ DATE DECISION RENDERED: _____

MANAGEMENT STATEMENT OF POSITION: _____

UNION REP.: _____ MANAGEMENT REP.: _____

DISPOSITION OF THE GRIEVANCE OR COMPLAINT AFTER STEP 2: _____

REFER TO STEP 3 _____

OTHER (PLEASE PROVIDE DETAILS): _____

