

Dispute Referral Form

Referred to:

<input type="checkbox"/> Working Group	Date Referred:	<input type="text"/>
<input type="checkbox"/> Provincial Steering Committee	Date Referred:	<input type="text"/>
<input type="checkbox"/> Dispute Resolution Panel	Date Referred:	<input type="text"/>

Person or Party Referring Dispute:

Name: i

Contact Person (if different from above): ii

Address:

City: Province: Postal Code:

Country: Email: _____

Work Phone: Cell Phone:

Home Phone:

Employer:

Health Authority/Organization:

Facility:

Contact Person: iii

Phone: Email: _____

Union:

Union Representing Employee:

Contact Person: iv

Phone: Email: _____

Employee:

Name:

Phone: Email:

Occupation: Department:

Position: Status (prior to absence):

Summary of the Facts:^v

Issue in Dispute:^{vi}

Reasons for Dispute:^{vii}

Employee's
Position:

Union's
Position:

Reasons for Dispute, Continued:^{vii}

Employer's
Position:

Remedy Requested^{viii}:

Documents

Please attach a copy of all relevant documents relating to the dispute to this form, including:

- The Case Management Plan.*
- Relevant medical opinions, completed forms, treatment plans, or correspondence.*
- Documents or correspondence related to the decision.*

If the referral is to the Provincial Steering Committee, please also include a copy of:

- The Dispute Referral Template that was submitted to the Working Group.
- The recommendations made by the Working Group.
- Any documents describing or related to the non-implement or non-acceptance of the WG recommendations.

ⁱ The name of the individual employee referring the dispute or the name of the Employer or Union referring the dispute.

ⁱⁱ The contact person designated by the Employer or the Union if they are the party referring the dispute

ⁱⁱⁱ The employer representative who has been most involved with the file, generally the Disability Management Professional

^{iv} The union representative who has been most involved with the file.

^v A brief but comprehensive statement of the relevant facts, including relevant dates.

^{vi} A precise statement of the element of the Case Management Plan, or action taken in implementation of the Case Management Plan, with which you disagree.

^{vii} A brief statement of the reasons that you disagree with an element of the Case Management Plan or the implementation of the Case Management Plan.

^{viii} A brief statement of the remedy that you are looking for.

* Documents which contain personal or medical information will be returned to case file or destroyed once Provincial Steering Committee has rendered decision and any appeal periods have lapsed.