

GRIEVANCE FORM

| | | | |
|------------|--|-----------|--|
| Case No. | | Local No. | |
| Employer | | | |
| Supervisor | | | |

| | | | |
|----------------|--|----------------|--|
| Employee | | | |
| Classification | | Seniority date | |
| Department | | Email | |
| Address | | | |
| Phone No. (H) | | Cell | |

| | | | | | |
|-----------------|-----------------------------------|-----------------------------------|-----------------------------------|-------|--|
| To | | | | | |
| Grievance Level | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Other | |

I/We the undersigned claim that

Therefore I/we request

Grievor

| | | |
|--|------|--|
| | Date | |
|--|------|--|

Union officer

| | | |
|--|------|--|
| | Date | |
|--|------|--|

DISPOSITION OF GRIEVANCE

| | | |
|------------------------|------------------------------|-----------------------------|
| Date of settlement | | |
| In favour of employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Particulars of disposition of grievance (describe carefully and indicate at what step or stage of grievance procedure case was resolved):

Signature of employer representative

| | | |
|--|------|--|
| | Date | |
|--|------|--|

Signature of union representative

| | | |
|--|------|--|
| | Date | |
|--|------|--|