

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	
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Union officer

	Date	
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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	
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Signature of union representative

	Date	
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