

GRIEVANCE FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Case # |  | Local # |  |
| Employer |  |
| Employee |  | Employee # |  |
| Department |  | Supervisor |  |
| Classification |  | Seniority Date |  |
| Phone #s | Home |  | Work |  |
|  | Cell |  | Email |  |
|  |
| Grievance Level | 1 ❒ 2 ❒ 3 ❒ 4 ❒ |
|  |
| I/We the undersigned claim that the Employer is in violation of Articles (s) , the Collective Agreement as a whole, past practice, and any relevant legislation, Code or Act. |
| Therefore, in accordance with Articles(s) , the Collective Agreement as a whole, past practice, and any relevant legislation, Code and Act, I/we request full redress. |

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 Signature of Employee Signature of Union Officer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cope#491/bdane